

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE  
**460**

Page 1 of 281

For Official Use Only

Statement covers period

from 01/01/2009

through 06/30/2009

Date of election if applicable:  
(Month, Day, Year)

06/08/2010

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)

Amend schedule A, F and update summary page

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1282317

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Tom Torlakson for State Superintendent of Public Instruction 2010

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95841</u>	<u>(916)-34-8-9100</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Concord</u>	<u>CA</u>	<u>94521</u>	

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER  
Rita Copeland

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95841</u>	<u>916-348-9100</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/02/2009 By Rita Copeland

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/02/2009 By Tom Torlakson

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Tom Torlakson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Sought: Other Superintendent of Public

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Concord CA 94521

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
Invest In California	1282321

NAME OF TREASURER	CONTROLLED COMMITTEE?
Rita Copeland	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95841	916-348-9100

COMMITTEE NAME	I.D. NUMBER
Friends of Tom Torlakson 2008	1282319

NAME OF TREASURER	CONTROLLED COMMITTEE?
Rita Copeland	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95841	916-348-9100

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

## 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME Tom Torlakson Assembly 2008 Officeholder Account	I.D. NUMBER 1314435
--	------------------------

NAME OF TREASURER Rita Copeland	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY Sacramento	STATE CA	ZIP CODE 95841	AREA CODE/PHONE 916-348-9100
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COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

## 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 4 of 281
I.D. NUMBER 1282317		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$542,699.00	\$542,699.00
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$542,699.00	\$542,699.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$3,108.00	\$3,108.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$545,807.00	\$545,807.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$200,118.05	\$200,118.05
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$200,118.05	\$200,118.05
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$24,324.37	\$25,513.72
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$3,108.00	\$3,108.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$227,550.42	\$228,739.77

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$3,603.63	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$542,699.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$3,099.22	
15. Cash Payments .....	Column A, Line 8 above	\$200,118.05	
16. <b>ENDING CASH BALANCE</b> .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$349,283.80	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$25,513.72

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 5 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 8/17/2006	1137 Stockton, LLC San Francisco, CA 94108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/10/2006	21st Century Insurance Woodland Hills, CA 91367	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	David A. Abel Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DLA Piper US LLP Partner	\$800.00	\$800.00	2010P: \$800.00

**SUBTOTAL**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$537,454.48
2. Amount received this period - unitemized contributions of less than \$100 .....	\$5,244.52
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$542,699.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 6 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/22/2006	Janet Abelson El Cerrito, CA 94530-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of El Cerrito Council Member	\$60.00	\$160.00	2010P: \$160.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Janet Abelson El Cerrito, CA 94530-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of El Cerrito Council Member	\$100.00	\$160.00	2010P: \$160.00
3/27/2009	Alfred Accurso Concord, CA 94521-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 10/5/2006	L Joseph Adams Laguna Niguel, CA 92677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Discovery Science Center President	\$250.00	\$250.00	2010P: \$250.00

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 7 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/30/2007	Addus Healthcare Palatine, IL 60067	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400.00	\$4,000.00	2010P: \$4,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/14/2007	Addus Healthcare Palatine, IL 60067	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,600.00	\$4,000.00	2010P: \$4,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 8 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 5/14/2007	Addus Healthcare Palatine, IL 60067	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$4,000.00	2010P: \$4,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/22/2007	Adidas Sales Portland, OR 97217	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/5/2009	AECOM Tech Corp Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 9 of 281
		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 10/24/2006	AEG and Affiliated Entities Los Angeles, CA 90015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,300.00	\$3,300.00	2010P: \$3,300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/16/2006	Aetna Inc. Hartford, CT 06156-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/6/2007	Aetna Inc. Hartford, CT 06156-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$3,000.00	2010P: \$3,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 10 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/3/2007	Aflac Inc. Columbus, GA 31999	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/9/2006	AFSCME Local 2700 Martinez, CA 94553 Committee ID: 820394	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,500.00	\$3,000.00	2010P: \$4,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/20/2009	AFSCME Local 2700 Martinez, CA 94553 Committee ID: 820394	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$500.00	\$3,000.00	2010P: \$4,000.00
Orig Ctrb Date: 8/18/2006	AGI Capital Group, Inc. San Francisco, CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/28/2007	Agua Caliente Band of Cahuilla Indians Palm Springs, CA 92262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,200.00	\$5,800.00	2010P: \$5,800.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 12 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 10/24/2006	Agua Caliente Band of Cahuilla Indians Palm Springs, CA 92262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$5,800.00	2010P: \$5,800.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/24/2006	Agua Caliente Band of Cahuilla Indians Palm Springs, CA 92262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,300.00	\$5,800.00	2010P: \$5,800.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/17/2006	Agua Caliente Band of Cahuilla Indians Palm Springs, CA 92262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$5,800.00	2010P: \$5,800.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 13 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/28/2007	Agua Caliente Band of Cahuilla Indians Palm Springs, CA 92262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$5,800.00	2010P: \$5,800.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Wylie A. Aitken Santa Ana, CA 92707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aitken Aitken Cohn Attorney	\$6,500.00	\$6,500.00	2010P: \$6,500.00
3/27/2009	Lucia Albers Brentwood, CA 94513-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$250.00	2010P: \$370.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		<b>CALIFORNIA FORM 460</b> Page <u>14</u> of <u>281</u>
I.D. Number 1282317		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/22/2006	Albert D. Seeno Construction Company Concord, CA 94524-4113	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$3,300.00	2010P: \$6,500.00 2010G: \$1,800.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Albert D. Seeno Construction Company Concord, CA 94524-4113	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,800.00	\$3,300.00	2010P: \$6,500.00 2010G: \$1,800.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Alhambra Valley Products Martinez, CA 94553	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/14/2007	Allstate Insurance Company PAC Northbrook, IL 60062 Committee ID: 830297	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Amalgamated Transit Union Local 1555 Oakland, CA 94607- Committee ID: 950700	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$750.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/6/2007	American Insurance Association PAC California Sacramento, CA 95814 Committee ID: 871697	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$3,000.00	2010P: \$3,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>16</u> of <u>281</u>
		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	American Insurance Association PAC California Sacramento, CA 95814 Committee ID: 871697	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
6/30/2009	American Resort Development Association Resort Owners Coalition PAC (ARDA ROC-PAC) Washington, DC 20005 Committee ID: 1249402	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 5/14/2007	Amgen USA Thousand Oaks, CA 91320	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 17 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/27/2006	Amgen USA Thousand Oaks, CA 91320	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Tanir K. Ami Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Clinic Consortium Executive Director	\$100.00	\$100.00	2010P: \$100.00
6/26/2009	Patricia I. Anderson Oakley, CA 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Oakley Council Member	\$100.00	\$100.00	2010P: \$100.00
6/30/2009	Brian Anson Tarzana, CA 91356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brian Anson Probate Referee	\$200.00	\$200.00	2010P: \$200.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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		I.D. Number 1282317

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/26/2009	Antioch Autoland, Inc. Antioch, CA 94509	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Orig Ctrb Date: 10/5/2006	AOL LLC Dulles, VA 20166	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/4/2006	Apartment Association of Greater Los Angeles Los Angeles, CA 90005 Committee ID: 811735	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 19 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/5/2007	Apartment Association of Greater Los Angeles Los Angeles, CA 90005 Committee ID: 811735	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	Larry G. Armstrong Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 10/24/2006	Asphalt Pavement Association - PAC Laguna Hills, CA 92653 Committee ID: 952071	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 20 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/17/2009	Associated Administrators of Los Angeles - PAC Los Angeles, CA 90026 Committee ID: 930646	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$2,000.00
Orig Ctrb Date: 9/14/2007	Associated General Contractors PAC West Sacramento, CA 95691 Committee ID: 890194	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$4,000.00	2010P: \$4,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	Associated General Contractors PAC West Sacramento, CA 95691 Committee ID: 890194	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$4,000.00	2010P: \$4,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 21 of 281

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Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/17/2006	Associated General Contractors PAC West Sacramento, CA 95691 Committee ID: 890194	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$4,000.00	2010P: \$4,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/1/2009	Associated General Contractors PAC West Sacramento, CA 95691 Committee ID: 890194	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$4,000.00	2010P: \$4,000.00
Orig Ctrb Date: 9/14/2007	Association of American Publishers - CALPAC New York, NY 10003- Committee ID: 821455	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>22</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 5/14/2007	Association of CA Insurance Companies PAC Des Plaines, IL 60018	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	Association of CA Life & Health Insurance Companies PAC Sacramento, CA 95814- Committee ID: 761012	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	Association of CA Life & Health Insurance Companies PAC Sacramento, CA 95814- Committee ID: 761012	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,500.00	2010P: \$1,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 23 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 5/26/2007	AT&T California Employee PAC San Francisco, CA 94105 Committee ID: 981470	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	AT&T Inc. and its Affiliates San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/14/2007	AT&T Inc. and its Affiliates San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 24 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	AT&T Inc. and its Affiliates San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Lisa F. Azbill El Sobrante, CA 94803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UC San Francisco Development	\$100.00	\$100.00	2010P: \$100.00
6/2/2009	Anne Bakar Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Telecare Corporation CEO	\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 25 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Thomas Baldacci Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Castle Companies Builder	\$2,500.00	\$2,500.00	2010P: \$2,500.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/29/2009	Frank P. Barbaro Laguna Niguel, CA 92677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Frank Barbaro & Associates Attorney	\$1,000.00	\$1,000.00	2010P: \$1,000.00
4/20/2009	Bayer HealthCare LLC Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 26 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/26/2009	Christopher A. Becnel Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C.A. Becnel APC Attorney/CPA	\$200.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 11/11/2006	Berding & Weil, LLP Alamo, CA 94507-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/1/2006	Karen Biber Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AFSCME Local 2019 Waste Water Control Inspector	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 27 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/10/2006	Bisio and Dunivan Martinez, CA 94553	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	2010P: \$150.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Chris Bley Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brentwood Unified School District Teacher	\$200.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 9/14/2007	Blue Cross of California Cincinnati, OH 45206	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 28 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 5/14/2007	Blue Shield of California San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/29/2007	BNSF Railway Company Fort Worth, TX 76131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$4,500.00	2010P: \$4,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/5/2007	BNSF Railway Company Fort Worth, TX 76131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$4,500.00	2010P: \$4,500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>29</u> of <u>281</u>
		I.D. Number 1282317

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	BNSF Railway Company Fort Worth, TX 76131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$4,500.00	2010P: \$4,500.00
6/17/2009	William J. Bogaard Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William J. Bogaard Attorney	\$200.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 10/5/2006	Daniel R. Bolar Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blar, Hirguht & Jennings CPA	\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 30 of 281
		I.D. Number 1282317

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/11/2009	Christopher R. Bowen Berkeley, CA 94702-1109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contra Costa County Attorney	\$100.00	\$100.00	2010P: \$100.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/2/2009	Terry Bowen Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gray-Bowen Transportation Consultant	\$500.00	\$500.00	2010P: \$500.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/10/2009	Dorothy Boyd Fair Oaks, CA 95628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	A Healthy Outlook, Inc. Trade Association Director	\$100.00	\$100.00	2010P: \$100.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Katya Bozzi Redondo Beach, CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Science Theater Art Recreation Education CEO	\$400.00	\$700.00	2010P: \$700.00
6/26/2009	Katya Bozzi Redondo Beach, CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Science Theater Art Recreation Education CEO	\$300.00	\$700.00	2010P: \$700.00
6/26/2009	Catherine Brackenridge Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Area Partnership for Children and Youth Youth Development	\$200.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 2/7/2006	Braddock & Logan Services, Inc. Danville, CA 94506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$3,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 32 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/10/2006	Braddock & Logan Services, Inc. Danville, CA 94506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$3,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	Lucia Brandon Walnut Creek, CA 94598-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$250.00	2010P: \$300.00
Orig Ctrb Date: 10/1/2006	William B. Bristow Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$200.00	2010P: \$300.00

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 33 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/24/2007	William B. Bristow Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$200.00	2010P: \$300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/6/2009	Mark Brown Walnut Creek, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Smith Barney Financial Advisor	\$100.00	\$100.00	2010P: \$100.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 34 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/26/2009	Joseph D. Bua Sr. Tarzana, CA 91356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph D. Bua, Sr. Appraiser	\$200.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 9/22/2006	Joanne Byer Oakley, CA 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$115.00	2010P: \$115.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Joanne Byer Oakley, CA 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$115.00	2010P: \$115.00
Orig Ctrb Date: 5/14/2007	CA Agricultural Production Consultants Assoc. PAC Sacramento, CA 95834 Committee ID: 801164	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 35 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/29/2007	CA Ambulance Association PAC Sacramento, CA 95814 Committee ID: 890111	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,250.00	\$1,250.00	2010P: \$1,250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/28/2007	CA Assn of Industrial Banks PAC Sacramento, CA 95814 Committee ID: 801712	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>36</u> of <u>281</u>
		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/14/2007	CA Assn of Professional Scientists CAPS-PAC Sacramento, CA 95814 Committee ID: 860894	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/5/2007	CA Assn of Professional Scientists CAPS-PAC Sacramento, CA 95814 Committee ID: 860894	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/14/2007	CA Assn Sheet Metal and Air Conditioning Contrators National Assn PAC Sacramento, CA 95825 Committee ID: 801777	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$750.00	\$3,600.00	2010P: \$4,600.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 37 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/30/2007	CA Assn Sheet Metal and Air Conditioning Contrators National Assn PAC Sacramento, CA 95825 Committee ID: 801777	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,600.00	\$3,600.00	2010P: \$4,600.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/29/2007	CA Assn Sheet Metal and Air Conditioning Contrators National Assn PAC Sacramento, CA 95825 Committee ID: 801777	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,250.00	\$3,600.00	2010P: \$4,600.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>38</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/5/2007	CA Assn. of Marriage and Family Therapists PAC Sacramento, CA 95814 Committee ID: 801218	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/22/2007	CA Asso. of Psychiatric Technicians, Inc. Sacramento, CA 95814 Committee ID: 882070	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/13/2006	CA Asso. of Psychiatric Technicians, Inc. Sacramento, CA 95814 Committee ID: 882070	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 39 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/14/2007	CA Association for Health Services At Home Sacramento, CA 95814 Committee ID: 870281	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/6/2006	CA Association for The Gifted PAC Sacramento, CA 95814 Committee ID: 821269	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>40</u> of <u>281</u>
		I.D. Number 1282317

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 5/14/2007	CA Association for The Gifted PAC Sacramento, CA 95814 Committee ID: 821269	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/17/2006	CA Association of Highway Patrolmen PAC Sacramento, CA 95818- Committee ID: 802001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/23/2006	CA Association of Highway Patrolmen PAC Sacramento, CA 95818- Committee ID: 802001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

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Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/15/2007	CA Association of Highway Patrolmen PAC Sacramento, CA 95818- Committee ID: 802001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/14/2007	CA Attorneys Admin Law Judges & Hearing Officers in State Employment (CASE) PAC Sacramento, CA 95833 Committee ID: 840154	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$5,500.00	2010P: \$5,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 42 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

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Orig Ctrb Date: 9/14/2007	CA Attorneys Admin Law Judges & Hearing Officers in State Employment (CASE) PAC Sacramento, CA 95833 Committee ID: 840154	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$900.00	\$5,500.00	2010P: \$5,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 11/11/2006	CA Attorneys Admin Law Judges & Hearing Officers in State Employment (CASE) PAC Sacramento, CA 95833 Committee ID: 840154	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,300.00	\$5,500.00	2010P: \$5,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	CA Attorneys Admin Law Judges & Hearing Officers in State Employment (CASE) PAC Sacramento, CA 95833 Committee ID: 840154	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$5,500.00	2010P: \$5,500.00

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>43</u> of <u>281</u>
		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 5/14/2007	CA Beer and Beverage Distributors Community Affairs Sacramento, CA 95814 Committee ID: 761487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/5/2007	CA Cable & Telecommunications Assn. PAC Oakland, CA 94612 Committee ID: 745932	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,500.00	2010P: \$3,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	CA Cable & Telecommunications Assn. PAC Oakland, CA 94612 Committee ID: 745932	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$3,500.00	2010P: \$3,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 44 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/1/2006	CA Cable & Telecommunications Assn. PAC Oakland, CA 94612 Committee ID: 745932	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$3,500.00	2010P: \$3,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/22/2007	CA Cable & Telecommunications Assn. PAC Oakland, CA 94612 Committee ID: 745932	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$3,500.00	2010P: \$3,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>45</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/13/2006	CA Cable & Telecommunications Assn. PAC Oakland, CA 94612 Committee ID: 745932	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,500.00	2010P: \$3,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/3/2007	CA Coalition of Nurse Practioners PAC Sacramento, CA 95814- Committee ID: 860692	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/3/2007	CA Grocers Association PAC (Gro-Pac) Sacramento, CA 95814- Committee ID: 760214	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 46 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/5/2006	CA Housing Council PAC Mill Valley, CA 94941 Committee ID: 746544	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	CA Housing Council PAC Mill Valley, CA 94941 Committee ID: 746544	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		<b>CALIFORNIA FORM 460</b> Page <u>47</u> of <u>281</u>
I.D. Number 1282317		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 3/27/2006	CA Independent Oil Marketers PAC Sacramento, CA 95834 Committee ID: 760982	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$700.00	\$1,450.00	2010P: \$1,450.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/3/2007	CA Independent Oil Marketers PAC Sacramento, CA 95834 Committee ID: 760982	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$750.00	\$1,450.00	2010P: \$1,450.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2009	CA New Car Dealers Association PAC Sacramento, CA 95814- Committee ID: 741623	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>48</u> of <u>281</u>
		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/8/2006	CA Nurses Association PAC (CNA PAC) Sacramento, CA 95814 Committee ID: 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$500.00	\$846.37	2010P: \$2,346.37
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/14/2007	CA Nurses Association PAC (CNA PAC) Sacramento, CA 95814 Committee ID: 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$346.37	\$846.37	2010P: \$2,346.37
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/3/2006	CA Optometric PAC Sacramento, CA 95814 Committee ID: 745825	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 49 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/5/2007	CA Radiological PAC Sacramento, CA 95814 Committee ID: 811596	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/16/2007	CA Refuse Removal Council South PAC Orange, CA 92668-2924 Committee ID: 761465	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>50</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 6/29/2007	CA State Association of Electrical Workers Pasadena, CA 91101 Committee ID: 743107	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/21/2006	CA State Council of Laborers PAC Sacramento, CA 95814 Committee ID: 902770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$3,300.00	\$3,300.00	2010P: \$3,300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/8/2006	CA State Pipe Trades Council Political Action Fund Sacramento, CA 95814 Committee ID: 743895	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$5,000.00	\$17,900.00	2010P: \$12,900.00 2010G: \$5,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>51</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	CA State Pipe Trades Council Political Action Fund Sacramento, CA 95814 Committee ID: 743895	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$5,000.00	\$17,900.00	2010P: \$12,900.00 2010G: \$5,000.00
6/30/2009	CA State Pipe Trades Council Political Action Fund Sacramento, CA 95814 Committee ID: 743895	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$7,900.00	\$17,900.00	2010P: \$12,900.00 2010G: \$5,000.00
6/30/2009	CA Traffic School Association Fullerton, CA 92832	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 2/27/2006	CA Veterinary Medical Association PAC Sacramento, CA 95815 Committee ID: 771044	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>52</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/5/2007	CA Veterinary Medical Association PAC Sacramento, CA 95815 Committee ID: 771044	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	CA Veterinary Medical Association PAC Sacramento, CA 95815 Committee ID: 771044	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
Orig Ctrb Date: 8/22/2007	Calif Telephone Assn PAC Sacramento, CA 95815 Committee ID: 771171	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 53 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/14/2006	California Applicants' Attorneys Assc. PAC Sacramento, CA 95814- Committee ID: 746189	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$4,000.00	2010P: \$4,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	California Applicants' Attorneys Assc. PAC Sacramento, CA 95814- Committee ID: 746189	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$4,000.00	2010P: \$4,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 54 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/5/2007	California Applicants' Attorneys Assc. PAC Sacramento, CA 95814- Committee ID: 746189	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$4,000.00	2010P: \$4,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	California Applicants' Attorneys Assc. PAC Sacramento, CA 95814- Committee ID: 746189	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$4,000.00	2010P: \$4,000.00
4/20/2009	California Autobody Repair PAC Sacramento, Ca 95815 Committee ID: 911127	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 2/3/2006	California Building Industry Association PAC Scaramento, CA 95814- Committee ID: 890483	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 55 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	California Building Industry Association PAC Scaramento, CA 95814- Committee ID: 890483	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/28/2007	California Commerce Club, Inc. Commerce, CA 90040	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>56</u> of <u>281</u>
		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/28/2007	California Defense Counsel PAC Sacramento, CA 95814- Committee ID: 850665	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/5/2007	California Forestry Association PAC Sacramento, CA 95814 Committee ID: 761244	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/25/2007	California Independent Petroleum PAC Rancho Santa Margari, CA 92688 Committee ID: 822237	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 57 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	California Manufacturers Association PAC Sacramento, CA 95814-2742 Committee ID: 760359	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/17/2006	California Medical Association CALPAC Sacramento, CA 95814 Committee ID: 1231460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>58</u> of <u>281</u>
		I.D. Number 1282317

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 8/22/2007	California Medical Association CALPAC Sacramento, CA 95814 Committee ID: 1231460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	California Mortgage Association PAC Sacramento, CA 95814 Committee ID: 990462	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 8/21/2006	California Orthopaedic Assn. PAC Sacramento, CA 95819 Committee ID: 822774	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 59 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 5/14/2007	California Orthopaedic Assn. PAC Sacramento, CA 95819 Committee ID: 822774	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/10/2006	California Park & Recreation Society Candidate PAC Sacramento, CA 95832 Committee ID: 1272380	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/3/2007	California Pharmacists PAC Mill Valley, CA 94941 Committee ID: 1291777	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 60 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/5/2007	California Professional Firefighters PAC Small Contributor Committee Sacramento, CA 95833 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$6,000.00	2010P: \$6,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/3/2006	California Professional Firefighters PAC Small Contributor Committee Sacramento, CA 95833 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$6,000.00	2010P: \$6,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 61 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 8/22/2007	California Professional Firefighters PAC Small Contributor Committee Sacramento, CA 95833 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$6,000.00	2010P: \$6,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	California Professional Firefighters PAC Small Contributor Committee Sacramento, CA 95833 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$6,000.00	2010P: \$6,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/17/2006	California Professional Firefighters PAC Small Contributor Committee Sacramento, CA 95833 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$6,000.00	2010P: \$6,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/15/2009	California Professional Firefighters PAC Small Contributor Committee Sacramento, CA 95833 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$6,000.00	2010P: \$6,000.00
Orig Ctrb Date: 4/3/2007	California Psychiatric PAC Sacramento, CA 95814 Committee ID: 790281	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	California Refuse Recycling Council North PAC Sacramento, CA 95814 Committee ID: 923445	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00

**SUBTOTAL**

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OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 63 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/5/2007	California Steel Industries, Inc. Fontana, CA 92335-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/17/2006	California Universe Group, Inc. Alameda, CA 94502	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Elizabeth R. Callahan Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The CBO Center Consultant	\$200.00	\$200.00	2010P: \$200.00

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 64 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/27/2009	Richard J. Callahan Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard J. Callahan Insurance Services	\$500.00	\$500.00	2010P: \$500.00
6/26/2009	Genoveva Calloway San Pablo, CA 94806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Pablo Vice-Mayor	\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 5/25/2007	CAL-PT- Political Action Committee Sacramento, CA 95833-3294 Committee ID: 780079	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/14/2006	CAL-PT- Political Action Committee Sacramento, CA 95833-3294 Committee ID: 780079	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 65 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/3/2007	CAMLT LAB-PAC Fremont, CA 94538 Committee ID: 841203	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$750.00	\$750.00	2010P: \$750.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Carlson, Barbee & Gibson, Inc. San Ramon, CA 94583	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 10/5/2006	Sarah Catz Irvine, CA 92618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sarah Catz Attorney	\$250.00	\$500.00	2010P: \$500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 66 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Sarah Catz Irvine, CA 92618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sarah Catz Attorney	\$250.00	\$500.00	2010P: \$500.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/9/2006	CAUSE PAC Sacramento, CA 95814 Committee ID: 970375	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>67</u> of <u>281</u>
		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/5/2007	CCPOA Political Action Committee Sacramento, CA 95814 Committee ID: 830349	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/22/2007	CDF Firefighters Small Contributor PAC Sacramento, CA 95825- Committee ID: 790318	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Evelyn J Centeno Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$250.00	2010P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>68</u> of <u>281</u>
		I.D. Number 1282317

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/20/2009	Roberto S. Centeno Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 1/10/2007	Centex Homes-Northern California San Ramon, CA 94583	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,300.00	\$3,300.00	2010P: \$3,300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/17/2006	CH2M Hill, Inc. Denver, CO 80222	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 69 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/3/2006	Donald Chaiken Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Davidon Homes Residential Builder/Developer	\$1,000.00	\$4,000.00	2010P: \$4,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Donald Chaiken Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Davidon Homes Residential Builder/Developer	\$3,000.00	\$4,000.00	2010P: \$4,000.00
Orig Ctrb Date: 5/14/2007	Chevron Corporation Concord, CA 94524	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>70</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 4/3/2006	Chevron Corporation Concord, CA 94524	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Richard J. Chiozza Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard J. Chiozza Attorney	\$1,000.00	\$1,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/10/2006	Citation Northern, Inc. Martinez, CA 94553	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$1,750.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from 01/01/2009		<b>CALIFORNIA FORM 460</b>
through 06/30/2009		
Page 71 of 281		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

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Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	Citigroup Inc. PAC Federal/State Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/23/2006	Civic Plaza, LLC San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>72</u> of <u>281</u>
		I.D. Number 1282317

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Orig Ctrb Date: 9/22/2006	Gene B Clare Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lemoore Union High School District Administrator	\$100.00	\$200.00	2010P: \$200.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Gene B Clare Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lemoore Union High School District Administrator	\$100.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 2/6/2006	Louise Harvey Clark Lafayette, CA 94549-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$1,000.00	\$3,100.00	2010P: \$6,500.00 2010G: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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		I.D. Number 1282317

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NAME OF FILER

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Orig Ctrb Date: 9/10/2006	Louise Harvey Clark Lafayette, CA 94549-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$3,100.00	2010P: \$6,500.00 2010G: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/6/2009	Louise Harvey Clark Lafayette, CA 94549-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$1,000.00	\$3,100.00	2010P: \$6,500.00 2010G: \$100.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/4/2009	Louise Harvey Clark Lafayette, CA 94549-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$3,100.00	2010P: \$6,500.00 2010G: \$100.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>74</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/4/2009	Louise Harvey Clark Lafayette, CA 94549-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$900.00	\$3,100.00	2010P: \$6,500.00 2010G: \$100.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/10/2006	Clark Wallace Realtor & Associates Inc. Orinda, CA 94563-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/10/2006	Betty Cleveland Livermore, CA 94550-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$120.00	\$195.00	2010P: \$195.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Betty Cleveland Livermore, CA 94550-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$195.00	2010P: \$195.00
5/5/2009	Betty Cleveland Livermore, CA 94550-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$195.00	2010P: \$195.00
6/26/2009	Betty Cleveland Livermore, CA 94550-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$195.00	2010P: \$195.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 76 of 281
		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2009	Colin Coffey Hercules, CA 94547-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Archer & Norris Attorney	\$500.00	\$500.00	2010P: \$620.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Mila Coffey Hercules, CA 94547-2084	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Archer Norris Attorney	\$120.00	\$120.00	2010P: \$120.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Nani A. Coloretti Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City and County of San Francisco Budget Director	\$100.00	\$100.00	2010P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 11/11/2006	Comcast Philadelphia, PA 19102	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$750.00	\$750.00	2010P: \$750.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/12/2006	ConocoPhillips Ashford, TX 77079	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/22/2007	Consulting Engineers & Land Surveyors PAC Sacramento, CA 95814- Committee ID: 782143	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,250.00	2010P: \$2,250.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2009		<b>CALIFORNIA FORM 460</b>
through 06/30/2009		
		Page 78 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Consulting Engineers & Land Surveyors PAC Sacramento, CA 95814- Committee ID: 782143	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$2,250.00	2010P: \$2,250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/5/2007	Consulting Engineers & Land Surveyors PAC Sacramento, CA 95814- Committee ID: 782143	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,250.00	2010P: \$2,250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 79 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/1/2009	Consumer Specialty Products Association PAC Sacramento, CA 95814 Committee ID: 1245696	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 2/28/2007	Consumers Attorney's Political Action Committee Sacramento, CA 95814 Committee ID: 760231	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/1/2006	Consumers Attorney's Political Action Committee Sacramento, CA 95814 Committee ID: 760231	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 80 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/20/2009	Consumers Attorney's Political Action Committee Sacramento, CA 95814 Committee ID: 760231	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
Orig Ctrb Date: 9/22/2006	Contra Costa County Deputy Sheriff's Association PAC Martinez, CA 94553- Committee ID: 880929	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$1,300.00	2010P: \$4,300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/10/2006	Contra Costa County Deputy Sheriff's Association PAC Martinez, CA 94553- Committee ID: 880929	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$1,300.00	2010P: \$4,300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 81 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Contra Costa County Deputy Sheriff's Association PAC Martinez, CA 94553- Committee ID: 880929	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,300.00	2010P: \$4,300.00
Orig Ctrb Date: 9/22/2006	Joyce G. Cook Los Angeles, CA 90012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Superior Court of CA Directing Attorney	\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/5/2009	Bruce C. Corwin Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Metropolitan Theatres Corporation Chairman	\$250.00	\$250.00	2010P: \$250.00
2/9/2009	Raymond Crebs Las Vegas, NV 89109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$1,000.00	\$1,000.00	2010P: \$1,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 82 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/21/2006	Daimler Chrysler Corporation Political Support Committee Auburn Hills, MI 48326 Committee ID: 942821	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Dairy Institute Legislative Committee Sacramento, Ca 95814 Committee ID: 741436	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Robert A Dal Porto, Sr. Discovery Bay, CA 94514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$150.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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		I.D. Number 1282317

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/1/2006	Mae David Bay Point, CA 94565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Davidon Homes Walnut Creek, CA 94596	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$4,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 84 of 281
I.D. Number		1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/7/2009	Judith Davis Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Judith Davis Psychiatrist	\$100.00	\$200.00	2010P: \$200.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/4/2009	Judith Davis Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Judith Davis Psychiatrist	\$100.00	\$200.00	2010P: \$200.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/28/2007	Del Mar Thoroughbred Club Del Mar, CA 92014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,000.00	2010P: \$2,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2009 through 06/30/2009		<b>CALIFORNIA FORM 460</b> Page 85 of 281
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/1/2006	Del Mar Thoroughbred Club Del Mar, CA 92014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/29/2007	Del Mar Thoroughbred Club Del Mar, CA 92014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/27/2009	Del Mar Thoroughbred Club Del Mar, CA 92014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,000.00	2010P: \$2,000.00
4/20/2009	Franklin H. Dell Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$250.00	2010P: \$1,750.00
6/26/2009	Carla M. Della Zoppa El Sobrante, CA 94803-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Security Pacific Real Estate Brokerage Real Estate Broker	\$200.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 9/10/2006	DeNova Homes, Inc. Pleasant Hill, CA 94523	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,750.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/10/2006	M. Margaret DePriester Moraga, CA 94556-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/13/2009	DeSaulnier for Senate 2012 Sacramento, CA 95841 Committee ID: 1314309	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,865.00	\$3,865.00	2010P: \$3,900.00
3/27/2009	David Deutscher Pleasant Hill, CA 94523-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Deutscher Company Managing Member	\$1,000.00	\$1,000.00	2010P: \$1,000.00
3/27/2009	Dexter Louie, MD, Inc. San Francisco, CA 94108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 8/9/2006	Disney Worldwide Services, Inc. Burbank, CA 91505	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/10/2009	District Council of Iron Workers PAC Pinole, CA 94564 Committee ID: 831693	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$3,600.00	\$3,600.00	2010P: \$3,600.00
4/1/2009	District Council of Plasterers and Cement Masons N.D.C PAC Sacramento, CA 95834 Committee ID: 1223459	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$1,000.00
Orig Ctrb Date: 9/22/2006	Donald Freitas for Antioch Mayor Antioch, CA 94504 Committee ID: 1225831	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/17/2006	Jeanette Dong Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Team Up Policy Director	\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/19/2009	Dublin Cyclery Dublin, CA 94568-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	2010P: \$450.00
2/9/2009	Ted W. Dutton Rancho Cucamonga, CA 91730	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Advisors, Inc. Consultant	\$500.00	\$1,500.00	2010P: \$1,500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
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6/26/2009	Ted W. Dutton Rancho Cucamonga, CA 91730	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Advisors, Inc. Consultant	\$1,000.00	\$1,500.00	2010P: \$1,500.00
Orig Ctrb Date: 10/17/2006	E. I. Dupont De Nemours & Company Wilmington, DE 19880	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/16/2007	E. I. Dupont De Nemours & Company Wilmington, DE 19880	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/10/2006	East Bay Park AFSCME Local 2428 Oakland, CA 94606 Committee ID: 890789	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$750.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 7/5/2007	Edvoice PAC Mill Valley, CA 94941 Committee ID: 1243091	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Bruce Elkins Calabasas, CA 91302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bruce Elkins Consultant	\$100.00	\$100.00	2010P: \$100.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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6/17/2009	Stephen Ellis Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of CA Probate Referee	\$200.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 4/16/2007	Employers Compensation Insurance Company Mill Valley, CA 94941	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,055.06	\$3,055.06	2010P: \$3,055.06
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/29/2007	Enerland LLC Williams, CA 95987	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

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Orig Ctrb Date: 9/10/2006	Engeo Corporation San Ramon, CA 94583	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25.00	\$525.00	2010P: \$525.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Engeo Corporation San Ramon, CA 94583	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$525.00	2010P: \$525.00
Orig Ctrb Date: 11/5/2006	Engineers and Scientists of California PAC Oakland, CA 94621 Committee ID: 861160	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

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6/17/2009	Stephen R English Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	English, Munger & Rice Lawyer	\$2,000.00	\$2,000.00	2010P: \$2,000.00
6/29/2009	Bob Epstein Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$1,000.00	\$1,000.00	2010P: \$1,000.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/1/2006	S. Osborn Erickson San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Emerald Fund, Inc. Developer	\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 11/5/2006	Erickson Retirement Communities Baltimore, MD 21228	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/15/2006	EUCA PAC/1-3 San Ramon, CA 94583 Committee ID: 972000	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,200.00	\$5,000.00	2010P: \$6,500.00 2010G: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/15/2006	EUCA PAC/1-3 San Ramon, CA 94583 Committee ID: 972000	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,300.00	\$5,000.00	2010P: \$6,500.00 2010G: \$500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/15/2006	EUCA PAC/1-3 San Ramon, CA 94583 Committee ID: 972000	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$5,000.00	2010P: \$6,500.00 2010G: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/25/2006	Express Scripts, Inc. Maryland Heights, MO 63043	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 11/11/2006	Kathleen Fackler La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Saferparks President	\$1,000.00	\$1,000.00	2010P: \$1,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/21/2006	Faculty Association of California Californina Community Colleges PAC Sacramento, CA 95814- Committee ID: 841118	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/29/2007	Faculty Association of California Californina Community Colleges PAC Sacramento, CA 95814- Committee ID: 841118	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		<b>CALIFORNIA FORM 460</b> Page <u>98</u> of <u>281</u> I.D. Number 1282317

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Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/18/2007	Faculty for Our University's Future, A Committee Sponsored by the CA Faculty Assn. Sacramento, CA 95814 Committee ID: 850007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Paul L. Fadelli El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BART - Bay Area Rapid Transit Legislative Director	\$200.00	\$200.00	2010P: \$200.00
3/27/2009	Gary Falati Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Falati & Associates Insurance Broker	\$250.00	\$250.00	2010P: \$550.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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Tom Torlakson for State Superintendent of Public Instruction 2010

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1282317

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6/3/2009	James Farrell Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	F'Real! Foods Manager	\$2,000.00	\$2,000.00	2010P: \$2,000.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/24/2006	Federal Express PAC Washington, DC 20044 Committee ID: 1229652	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/2/2009	Barbara Firestone Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Help Group President/CEO	\$200.00	\$200.00	2010P: \$200.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Vince Fletcher Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DR Horton Home Builder	\$250.00	\$250.00	2010P: \$250.00
6/26/2009	Joel Fort San Francisco, CA 94142	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fort Help Methadone Clinic Public Health	\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 9/10/2006	Jean Foskett Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$350.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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3/16/2009	William W. Foscett Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	2010P: \$500.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Foster Interstate Media, Inc. San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
6/1/2009	FowlerHoffman LLC San Rafael, CA 94901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 2/28/2007	Fox Group Beverly Hills, CA 90213	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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Tom Torlakson for State Superintendent of Public Instruction 2010

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Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Fuller L. Frank Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Paoli Architect	\$250.00	\$250.00	2010P: \$250.00
3/27/2009	Richard A. Frankel Walnut Creek, CA 94598-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Frankel & Goldware Attorney	\$250.00	\$250.00	2010P: \$250.00
4/20/2009	Janet Kay Frazier Oakley, CA 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chevron Corp. Marketing Coordinator	\$500.00	\$500.00	2010P: \$550.00
6/26/2009	James L. Frazier Sr. Concord, CA 94521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$100.00

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SCHEDULE A (CONT.)

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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

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Orig Ctrb Date: 10/10/2006	Anna Freeman Irvine, CA 92612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Adobe de Capistrano Restaurateur	\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/1/2009	Jason S Freeman El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UC Berkeley Non-Profit Manager	\$200.00	\$200.00	2010P: \$200.00
4/20/2009	Friends of Maria Viramontes Oakland, CA 94618 Committee ID: 1235990	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$750.00	2010P: \$750.00
6/26/2009	Friends of Maria Viramontes Oakland, CA 94618 Committee ID: 1235990	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$750.00	2010P: \$750.00
<b>SUBTOTAL</b>						

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6/26/2009	Friends of Martha Parsons Officeholder Account Antioch, CA 94509 Committee ID: 1316243	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
4/20/2009	Friends to Re-Elect Mark Ross Martinez, CA 94553 Committee ID: 961919	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$100.00
3/27/2009	Frank J. Fuglisi Jr. Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fran J. Puglisi, Jr. Healthcare Consultant	\$250.00	\$250.00	2010P: \$250.00
6/26/2009	Michael R. Funk San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aspiranet Non-profit Director	\$100.00	\$100.00	2010P: \$100.00
6/5/2009	Margaret C. Funkhouser Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Education Partnership President	\$200.00	\$200.00	2010P: \$200.00
<b>SUBTOTAL</b>						

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1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 7/1/2006	Carmen Gaddis Pittsburg, CA 94565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$200.00	2010P: \$300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Carmen Gaddis Pittsburg, CA 94565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$200.00	2010P: \$300.00
3/18/2009	William E. Gagen Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gagen & McCoy Attorney	\$1,000.00	\$1,000.00	2010P: \$1,250.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 106 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 10/12/2006	Garaventa Enterprises/S.E.G. Trucking Concord, CA 94520-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,300.00	\$5,800.00	2010P: \$5,800.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Garaventa Enterprises/S.E.G. Trucking Concord, CA 94520-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$5,800.00	2010P: \$5,800.00
6/26/2009	Dianne E Garda Downey, CA 90240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dianne E Garda Probate Referee	\$200.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 11/25/2006	Ralph Garrow Jr. Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ralph Garrow Real Estate Real Estate	\$250.00	\$600.00	2010P: \$600.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/25/2009	Ralph Garrow Jr. Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ralph Garrow Real Estate Real Estate	\$250.00	\$600.00	2010P: \$600.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/15/2009	Ralph Garrow Jr. Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ralph Garrow Real Estate Real Estate	\$100.00	\$600.00	2010P: \$600.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 108 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/2/2009	Mark Gearheart Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark Gearheart Lawyer	\$100.00	\$100.00	2010P: \$600.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/3/2007	Genentech Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 11/3/2006	General Electric Company Fort Myers, FL 33906	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>109</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/8/2006	General Motor Corp. PAC (GM PAC) Washington, DC 20036 Committee ID: 790461	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/22/2007	Gerry N. Kamilos, LLC Gold River, CA 95670	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 110 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/27/2009	Patrick M. Godley Walnut Creek, CA 94596-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Medical Care, Inc. Healthcare Financial Consultant	\$500.00	\$500.00	2010P: \$500.00
4/20/2009	Marsha Golangco Alamo, CA 94507-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golangco Global, Inc. Business Consultant	\$100.00	\$100.00	2010P: \$350.00
4/20/2009	David Gold Lafayette, CA 94549-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Morrison & Forester Attorney	\$100.00	\$100.00	2010P: \$100.00
3/31/2009	Audrey Gordon Orinda, CA 94563-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 9/10/2006	Carol A. Grandbois Bay Point, CA 94565-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Hospital Cytotechnologist	\$60.00	\$120.00	2010P: \$180.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>111</u> of <u>281</u>
		I.D. Number 1282317

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/10/2006	Carol A. Grandbois Bay Point, CA 94565-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Hospital Cytotechnologist	\$60.00	\$120.00	2010P: \$180.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/16/2007	Granite Construction Inc. Watsonville, CA 95077-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>112</u> of <u>281</u>
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/1/2009	Sheryl Granzella El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Republic Services, Inc. Manager	\$2,500.00	\$2,500.00	2010P: \$2,500.00
3/27/2009	Gordon Gravelle Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Suncrest Homes Homebuilder	\$250.00	\$2,750.00	2010P: \$5,750.00
6/8/2009	Gordon Gravelle Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Suncrest Homes Homebuilder	\$2,500.00	\$2,750.00	2010P: \$5,750.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Kathryn Gray Concord, CA 94521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pitts. Unified School Dist. Teacher	\$100.00	\$100.00	2010P: \$100.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/5/2007	Greater Anesthesia Service and Political Action Committee Sacramento, CA 95814 Committee ID: 760981	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/10/2006	Greg Enholm for College Board Concord, CA 94520 Committee ID: 1289630	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25.00	\$275.00	2010P: \$435.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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3/27/2009	Greg Enholm for College Board Concord, CA 94520 Committee ID: 1289630	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$275.00	2010P: \$435.00
6/26/2009	Marlene P. Groshong Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marlene P Groshong Probate Referee	\$200.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 9/22/2006	Carol A. Gross Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Culver City City Council Member	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Matthew Guichard Concord, CA 94520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Guichard, Teng & Portello APC Attorney	\$100.00	\$100.00	2010P: \$100.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 115 of 281

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Tom Torlakson for State Superintendent of Public Instruction 2010

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/26/2009	Aurora F. Guingon Hercules, CA 94547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Systems Technician	\$100.00	\$100.00	2010P: \$100.00
4/20/2009	Reynaldo Guingon Hercules, CA 94547-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Berkeley Accountant	\$100.00	\$100.00	2010P: \$115.00
Orig Ctrb Date: 2/25/2007	GWF Power Systems LP Pittsburg, CA 94565	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,800.00	\$1,800.00	2010P: \$5,800.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/10/2006	James W. Hadley Livermore, CA 94550-4917	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$100.00

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 116 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/5/2009	Eugene Hale Gardena, CA 90249	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	G&C Corporation Executive	\$500.00	\$500.00	2010P: \$500.00
4/3/2009	John D. Hall Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$250.00	2010P: \$250.00
3/26/2009	Phyllis Hallam Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA Post-secondary Ed Commission Consultant	\$250.00	\$250.00	2010P: \$250.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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IND - Individual  
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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 117 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 8/17/2006	Hallisey & Johnson, A Professional Corporation San Francisco, CA 94104-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2009	Jean Hamilton Oakland, CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BART-AFSCME Local 3993 President	\$1,000.00	\$1,000.00	2010P: \$1,000.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	James T. Hammack El Sobrante, CA 94803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charles Schwab Engineer	\$100.00	\$100.00	2010P: \$100.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 118 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 1/25/2007	John R. Hanna Santa Ana, Ca 92701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John R. Hanna Lawyer	\$100.00	\$200.00	2010P: \$200.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/5/2006	John R. Hanna Santa Ana, Ca 92701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John R. Hanna Lawyer	\$100.00	\$200.00	2010P: \$200.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Stanley K. Hansen Concord, CA 94520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brookview Park Manager	\$100.00	\$100.00	2010P: \$220.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/17/2006	J. L. Harrah Hayward, CA 94543	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/20/2007	Hawaiian Gardens Casino Hawaii Gardens, CA 90716	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,800.00	\$1,800.00	2010P: \$1,800.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2009 through 06/30/2009		<b>CALIFORNIA FORM 460</b> Page 120 of 281
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/26/2009	Healthy Partnerships, Inc. Vacaville, CA 95688	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 10/12/2006	Richard G. Heggie Orinda, CA 94563-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$300.00	2010P: \$560.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	Richard G. Heggie Orinda, CA 94563-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$200.00	\$300.00	2010P: \$560.00
Orig Ctrb Date: 8/4/2006	Heller Manus Architects San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 121 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	John Hemm Concord, CA 94518-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	2010P: \$500.00
6/26/2009	Leonard Herendeen Antioch, CA 94509-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 5/14/2007	Hewlett Packard Company Palo Alto, CA 94304	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/22/2006	Thomas S. Higgins Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thomas S. Higgins Business Owner	\$100.00	\$100.00	2010P: \$350.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Adam C. Hill Grover Beach, CA 93433	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Luis Obispo County Supervisor	\$100.00	\$100.00	2010P: \$100.00
6/29/2009	Jerry Hill San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Mateo County Supervisor	\$1,000.00	\$1,000.00	2010P: \$1,500.00
6/26/2009	Cathryn A. Hilliard Mill Valley, CA 94941-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction Industry Force Account Council Executive Director	\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/22/2006	Nancy Hobert Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$250.00	\$500.00	2010P: \$700.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/16/2009	Nancy Hobert Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$250.00	\$500.00	2010P: \$700.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/22/2009	Jean Holbrook San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Mateo County Office of Education County Superintendent	\$100.00	\$100.00	2010P: \$100.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/16/2006	Holland & knight LLP California Committee for Effective Gov., Inc. Los Angeles, CA 90071 Committee ID: 1249641	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Hooy & Hooy ( A Professional Law Corporation) Concord, CA 94519	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$200.00
Orig Ctrb Date: 10/5/2006	Kevin P. Hunt Fountain Valley, CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Municipal Water District of Orange County General Manager	\$250.00	\$250.00	2010P: \$250.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 125 of 281

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Tom Torlakson for State Superintendent of Public Instruction 2010

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Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/17/2009	Lisa Hurd Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Antioch Unified School District Teacher	\$100.00	\$100.00	2010P: \$100.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/17/2009	Michael Hurd Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$100.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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		I.D. Number 1282317

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 3/20/2006	IBAPAC Sacramento, CA 95814 Committee ID: 743103	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/28/2007	IBAPAC Sacramento, CA 95814 Committee ID: 743103	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2009	IBEW Local Union No. 302 PAC Martinez, CA 94553 Committee ID: 840975	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$900.00	\$10,000.00	2010P: \$12,900.00 2010G: \$9,100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/9/2009	IBEW Local Union No. 302 PAC Martinez, CA 94553 Committee ID: 840975	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$9,100.00	\$10,000.00	2010P: \$12,900.00 2010G: \$9,100.00
6/26/2009	Dennis L. Illingworth Westminster, CA 92683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dennis L. Illingworth Probate Referee	\$200.00	\$200.00	2010P: \$200.00
3/27/2009	Int'l Association of Heat and Frost Insulators and Asbestors Workers Local 16 Alameda, CA 94502 Committee ID: 1250907	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$1,000.00
4/20/2009	Int'l Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths Forgers and Helpers Local Lodge 549 PAC Pittsburg, CA 94565 Committee ID: 962367	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$2,000.00
Orig Ctrb Date: 5/18/2006	Intuit San Diego, CA 92122	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	Intuit San Diego, CA 92122	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/17/2006	Jeffrey J. Chang & Associates San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$700.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>129</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 8/17/2006	Jeffrey S. Burum Enterprises Rancho Cucamonga, CA 91730	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,100.00	\$6,600.00	2010P: \$6,500.00 2010G: \$6,100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/17/2006	Jeffrey S. Burum Enterprises Rancho Cucamonga, CA 91730	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$6,600.00	2010P: \$6,500.00 2010G: \$6,100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	K. Maurice Johannessen Redding, CA 96001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	K. Maurice Johannessen Investor	\$100.00	\$100.00	2010P: \$1,100.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 130 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Sidney K. Kanazawa Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McGuire Woods LLP Attorney	\$250.00	\$250.00	2010P: \$250.00
4/6/2009	Jeff Kasper Concord, CA 94521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ServiceQuality US Executive	\$100.00	\$100.00	2010P: \$100.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Richard Katz Sherman Oaks, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Katz Consulting, Inc. Consultant	\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Neal Kaufman Los Angeles, CA 90049-1518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cedar-Sinai Physician	\$1,000.00	\$1,400.00	2010P: \$1,400.00
Orig Ctrb Date: 10/17/2006	Donald P. Kennedy Santa Ana, CA 92702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Kevin De Leon for Assembly 2010 Los Angeles, CA 90017 Committee ID: 1313624	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through 06/30/2009		Page 132 of 281
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 6/30/2007	Howard King City of Industry, CA 91748	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Modern & Golden Int'l Business Owner	\$250.00	\$750.00	2010P: \$750.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/10/2006	Howard King City of Industry, CA 91748	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Modern & Golden Int'l Business Owner	\$500.00	\$750.00	2010P: \$750.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	William S. King Martinez, Ca 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Martinez Chiropractic Center Chiropractor	\$100.00	\$100.00	2010P: \$100.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>133</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/12/2006	G. Allan Kingston Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Century Housing Corp. Manager	\$1,000.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2009	G. Allan Kingston Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Century Housing Corp. Manager	\$500.00	\$1,500.00	2010P: \$1,500.00
Orig Ctrb Date: 9/10/2006	Kuehl 2004 Los Angeles, CA 90048 Committee ID: 1257297	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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Tom Torlakson for State Superintendent of Public Instruction 2010

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/16/2007	Kumiva Group, LLC Los Angeles, CA 90015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/10/2006	Laborers Int'l Union of North America Local No. 324 Martinez, CA 94553 Committee ID: 952148	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,300.00	\$3,300.00	2010P: \$6,300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 135 of 281

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6/16/2009	Jessica Laufer Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Laufer Green Isaac CEO	\$400.00	\$400.00	2010P: \$400.00
4/20/2009	Law Offices of Bill Glass & Associates Crockett, CA 94525	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
6/26/2009	Lee W. Leader Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lee W. Leader Appraiser	\$200.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 10/24/2006	Arthur E. Levine Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Levine Leichtman Capital Partners Partner	\$3,300.00	\$3,300.00	2010P: \$3,300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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Orig Ctrb Date: 8/17/2006	John H. Leyvas Jr. Alameda, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Premier Apartment Advisors Real Estate Broker	\$700.00	\$700.00	2010P: \$700.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	Libitzky Holdings, L.P. Emeryville, CA 94608	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
6/26/2009	Gregory N. Lippe Woodland Hills, CA 91367	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lippe, Hellie, Hoffen & Allison LLP CPA	\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 1/24/2007	Mary Lucido Antioch, CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$115.00	2010P: \$115.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Mary Lucido Antioch, CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$115.00	2010P: \$115.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/21/2006	Lumber Association of CA & Nevada PAC Sacramento, CA 95827 Committee ID: 771461	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$750.00	\$750.00	2010P: \$750.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 138 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/10/2006	Tom Madrid Pittsburg, CA 94565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	Maersk Inc. Charlotte, NC 28209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/17/2009	Morris Mainstain Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Morris Mainstain Probate Referee	\$200.00	\$200.00	2010P: \$200.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 139 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 6/29/2007	Manatt, Phelps & Phillips, LLP Los Angeles, CA 90064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,250.00	\$1,250.00	2010P: \$1,250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Linda Mandolini Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Eden Housing Executive Director	\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 9/12/2006	Mardel LLC Pleasant Hill, CA 94523	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 140 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 10/12/2006	Marine Clerks PAC Local 63 ILWU San Pedro, CA 90731 Committee ID: 1223277	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Marine Firemen's Union Political Action Fund San Francisco, CA 94105 Committee ID: 745432	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/9/2006	Marine Firemen's Union Political Action Fund San Francisco, CA 94105 Committee ID: 745432	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 141 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	Markstein Sales Company Pittsburg, CA 94565	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$1,500.00
Orig Ctrb Date: 8/17/2006	Lillian G Martin Hayward, CA 94541	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lillian G Martin Business Owner	\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/17/2006	Paul G. Martin Hayward, CA 94544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paul Martin Attorney	\$500.00	\$500.00	2010P: \$500.00

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2009 through 06/30/2009		<b>CALIFORNIA FORM 460</b> Page 142 of 281
I.D. Number 1282317		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/17/2006	Ralph H Martin Hayward, CA 94544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ralph H Martin Business Owner	\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Mary Hayasgi Democrat for Assembly 2010 Los Angeles, CA 90071 Committee ID: 1313555	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 9/22/2006	Linda K. Mayo Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Linda K. Mayo Trustee	\$100.00	\$100.00	2010P: \$160.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 143 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	David A. McCosker Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Independent Construction Co. Chairman	\$250.00	\$250.00	2010P: \$250.00
6/1/2009	Stuart Mccullough Martinez, CA 94553-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Youth Homes Executive Director	\$150.00	\$150.00	2010P: \$250.00
4/20/2009	Marie L. McDonald Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADA, Inc. President	\$100.00	\$100.00	2010P: \$185.00
6/26/2009	Aaron A. Meadows Oakley, CA 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	La Proprieta, Inc. President	\$1,250.00	\$1,250.00	2010P: \$1,250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 144 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 5/14/2007	Medco Health Solutions, Inc., and Medco Health Affiliates Franklin Lakes, NJ 07417	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/20/2007	Merck & Co., Inc. WestPoint, PA 19486-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/6/2006	Mercury General Corporation Los Angeles, CA 90010-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 145 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/13/2009	Jorge Merino El Cajon, CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VR Mergers & Acquisitions Associate Intermediary	\$100.00	\$100.00	2010P: \$100.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/5/2006	Michael Brandman Associates, Inc. Irvine, CA 92602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 146 of 281

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Orig Ctrb Date: 11/5/2006	Milstein, Adelman & Kreger, LLP Santa Monica, CA 90405	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/1/2009	Mirant California, LLC Atlanta, GA 30338	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 10/5/2006	Ronald F. Mirenda Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Discovery Science Center VP	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 147 of 281

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2/9/2009	D. Anthony Mize Riverside, CA 92507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Workforce Home Builders Real Estate Developer	\$500.00	\$500.00	2010P: \$500.00
6/11/2009	Bryan Montgomery Oakley, CA 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Oakley City Manager	\$100.00	\$100.00	2010P: \$100.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	Motion Picture Association of America CA PAC Encino, CA 91436 Committee ID: 901889	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
through 06/30/2009		Page 148 of 281
		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/22/2006	Rudolph P. Murillo Coronado, CA 92118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scripps Institute of Oceanographs Dir. of State Govt. Relations	\$250.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/18/2007	Rudolph P. Murillo Coronado, CA 92118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scripps Institute of Oceanographs Dir. of State Govt. Relations	\$1,000.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/6/2007	Rudolph P. Murillo Coronado, CA 92118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scripps Institute of Oceanographs Dir. of State Govt. Relations	\$250.00	\$1,500.00	2010P: \$1,500.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 149 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	MV Transportation, Inc. Fairfield, CA 94585-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2010P: \$5,000.00
6/30/2009	Jean-Pierre Nagy San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	French Am Int'l School Educator	\$100.00	\$100.00	2010P: \$100.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/5/2006	Patricia Neal Brea, CA 92823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Neal Estate Inc. Consultant	\$250.00	\$250.00	2010P: \$250.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 150 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Itsak Negrin Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Antioch Autoland Owner	\$250.00	\$250.00	2010P: \$250.00
6/22/2009	Barbara Nemko Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Napa County Board of Education Superintendent	\$100.00	\$100.00	2010P: \$200.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/30/2006	Nogales Investor Management, LLC Los Angeles, CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 151 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/12/2006	North Coast Builders Exchange PAC Santa Rosa, CA 95407 Committee ID: 810957	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/1/2006	Northern CA Carpenters Regional Council SCC Oakland, CA 94621 Committee ID: 972104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$3,500.00	2010P: \$3,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 152 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/20/2009	Northern CA Carpenters Regional Council SCC Oakland, CA 94621 Committee ID: 972104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,500.00	\$3,500.00	2010P: \$3,500.00
Orig Ctrb Date: 9/22/2006	Northern California District Council ILWU PAC San Francisco, CA 94109- Committee ID: 910065	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/10/2006	Nossaman, Gunther, Knox & Elliott, LLP Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,300.00	\$3,300.00	2010P: \$3,300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>153</u> of <u>281</u>
		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/27/2006	Oak Tree Racing Association Arcadia, CA 91007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/17/2007	Oak Tree Racing Association Arcadia, CA 91007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/3/2007	Oak Tree Racing Association Arcadia, CA 91007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,000.00	2010P: \$2,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 154 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Oak Tree Racing Association Arcadia, CA 91007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,000.00	2010P: \$2,000.00
6/26/2009	Oakley Chiropractic Corporation Oakley, CA 94561	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 10/5/2006	John E. O'brien Tustin, CA 92782	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Reilly & O'Brien Attorney	\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>155</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/2/2009	Emmanuel Ogunleye Pittsburg, CA 94565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Disability Evaluation Services/CADEM Delegate CEO	\$250.00	\$250.00	2010P: \$250.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Operating Engineers Local No. 3 Statewide PAC Alameda, CA 94502 Committee ID: 981697	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$7,300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/13/2006	Orange County Employees Association, Inc. PAC Santa Ana, CA 92701- Committee ID: 801447	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		<b>CALIFORNIA FORM 460</b> Page <u>156</u> of <u>281</u>
I.D. Number 1282317		

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/30/2009	Ellen Osmundson Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prudential California Realty Realtor	\$250.00	\$250.00	2010P: \$250.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Josephine Otto Walnut Creek, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Project Manager	\$100.00	\$100.00	2010P: \$100.00
4/20/2009	Joseph A Ovick Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contra Costa County Office of Education Superintendent	\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

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 OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>157</u> of <u>281</u>
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6/22/2009	William Owens Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William L. Owens & Associates Attorney/Mediator	\$100.00	\$100.00	2010P: \$100.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	Pacific Life Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/17/2006	Pacific Life Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 158 of 281

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Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/10/2006	Pacific Union Homes, Inc. Danville, CA 94526	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/24/2009	Jerome Pandell Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pandell Law Firm, Inc. Attorney	\$25.00	\$275.00	2010P: \$275.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>159</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/1/2009	Jerome Pandell Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pandell Law Firm, Inc. Attorney	\$250.00	\$275.00	2010P: \$275.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/17/2006	Peace Officers Research Association of CA PAC Sacramento, CA 95834 Committee ID: 810830	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/16/2007	Pechanga Band of Mission Indians Temecula, CA 92593-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,200.00	\$12,900.00	2010P: \$6,500.00 2010G: \$6,400.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>160</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/20/2007	Pechanga Band of Mission Indians Temecula, CA 92593-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,300.00	\$12,900.00	2010P: \$6,500.00 2010G: \$6,400.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/16/2007	Pechanga Band of Mission Indians Temecula, CA 92593-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400.00	\$12,900.00	2010P: \$6,500.00 2010G: \$6,400.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2009		<b>CALIFORNIA FORM 460</b>
through 06/30/2009		
		Page 161 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/20/2009	Pechanga Band of Mission Indians Temecula, CA 92593-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,000.00	\$12,900.00	2010P: \$6,500.00 2010G: \$6,400.00
3/30/2009	Jennifer Peck Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Area Partnership for Children and Youth Non-profit Executive	\$250.00	\$500.00	2010P: \$500.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/29/2007	Personal Insurance Federation of California PAC Sacramento, CA 95814-6646 Committee ID: 910256	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,250.00	\$2,250.00	2010P: \$2,250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 162 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/28/2007	Personal Insurance Federation of California PAC Sacramento, CA 95814-6646 Committee ID: 910256	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,250.00	2010P: \$2,250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/30/2006	Thomas H. Persons San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/3/2007	Pfizer Inc. New York, NY 10017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 163 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 12/5/2006	PG&E Corporation San Francisco, CA 94105-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/22/2007	PG&E Corporation San Francisco, CA 94105-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 164 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 10/9/2006	Plumbers Local Union #78 Los Angeles, CA 90015- Committee ID: 920927	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/9/2006	Plumbers Local Union #78 Los Angeles, CA 90015- Committee ID: 920927	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/17/2006	Political Action by Pest Control Operators (PAPCO) Sacramento, CA 95691- Committee ID: 790454	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2009 through 06/30/2009		<b>CALIFORNIA FORM 460</b> Page 165 of 281
I.D. Number 1282317		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	Political Action by Pest Control Operators (PAPCO) Sacramento, CA 95691- Committee ID: 790454	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/5/2006	Political Action for Classified Employees of CA School Employees Sacramento, CA 95814 Committee ID: 761128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>166</u> of <u>281</u>
		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/10/2006	Political Education Committee of Public Employees Local No. 1 Martinez, CA 94553- Committee ID: 760790	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$4,700.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	Ponderosa Homes II, Inc. Pleasanton, CA 94588	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$1,000.00
Orig Ctrb Date: 9/10/2006	Richard B. Pool Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard B. Pool Business Owner	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 167 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

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3/27/2009	Oscar F Porter Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of CA Administrator	\$100.00	\$100.00	2010P: \$100.00
6/11/2009	Glen Price El Cerrito, CA 94530-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Glen Price Group President	\$500.00	\$500.00	2010P: \$500.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/5/2007	Professional Engineers in California Government - PEGC-PAC Sacramento, CA 95814- Committee ID: 822501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 168 of 281

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NAME OF FILER

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3/27/2009	Property I.D. Corporation Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$750.00
Orig Ctrb Date: 2/5/2007	Quest PAC Washington, DC 20006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/1/2006	Fausta Ramil Concord, CA 94521-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$25.00	\$175.00	2010P: \$175.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
through 06/30/2009		Page 169 of 281
		I.D. Number 1282317

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/1/2009	Fausta Ramil Concord, CA 94521-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$100.00	\$175.00	2010P: \$175.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/25/2009	Fausta Ramil Concord, CA 94521-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$50.00	\$175.00	2010P: \$175.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 11/11/2006	Recording Industry Association of America, Inc. PAC Washington, DC 20038- Committee ID: 943103	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 170 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	Gwen Regalia Walnut Creek, CA 94596-6226	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$250.00	2010P: \$250.00
6/26/2009	Irving Reifman Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Irving Reifman Probate Referee	\$200.00	\$200.00	2010P: \$200.00
Orig Ctrb Date: 4/3/2007	Resort Condominiums International LLC Carmel, IN 46032	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 171 of 281
		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 11/25/2006	RGM and Associates Concord, CA 94518-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/3/2009	RGM and Associates Concord, CA 94518-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$500.00	2010P: \$500.00
Orig Ctrb Date: 2/5/2007	Richmond Sanitary Service, Inc. Richmond, CA 94804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$4,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 172 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/22/2006	Richmond Sanitary Service, Inc. Richmond, CA 94804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2010P: \$4,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	Vickey Rinehart Discovery Bay, CA 94505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Knightsen Elementary School District Superintendent	\$250.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 11/11/2006	Ronald Rives Pittsburg, CA 94565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Schofield & Schiller Attorney	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 173 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/28/2009	Richard Roberts Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$2,000.00	\$2,000.00	2010P: \$2,000.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Samuel Rodriguez Sacramento, CA 95821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Comcast CA State Director	\$250.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 9/22/2006	Walter P Rozett Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CALCRA President	\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 174 of 281

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Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/22/2006	Murray E. Rudin Irvine, CA 92606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riordan, Lewis & Haden Finance	\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/5/2009	Thomas L. Safran Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thomas Safran & Associates President	\$1,500.00	\$1,500.00	2010P: \$1,500.00
Orig Ctrb Date: 8/22/2007	San Francisco Bar Pilots PAC San Francisco, CA 94111- Committee ID: 743492	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,800.00	2010P: \$3,800.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
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		I.D. Number 1282317

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/25/2007	San Francisco Bar Pilots PAC San Francisco, CA 94111- Committee ID: 743492	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,800.00	\$3,800.00	2010P: \$3,800.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	San Francisco Bar Pilots PAC San Francisco, CA 94111- Committee ID: 743492	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,800.00	2010P: \$3,800.00
4/20/2009	Sansei Gradens, Inc. Fremont, CA 94539	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
4/20/2009	Belinda Santos-Orpilla Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 176 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/13/2009	William Savidge Berkeley, CA 94703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	West Contra Costa USD Construction Program Director	\$250.00	\$250.00	2010P: \$250.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Timothy A. Sbranti Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dublin Unified School District Teacher	\$500.00	\$600.00	2010P: \$800.00
6/30/2009	Timothy A. Sbranti Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dublin Unified School District Teacher	\$100.00	\$600.00	2010P: \$800.00
3/27/2009	Scotts Valley Band Of Pomo Indians Lakeport, CA 95453	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$750.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 177 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/22/2006	Michael C. Scranton Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scranton Law Firm Attorney	\$1,000.00	\$3,500.00	2010P: \$5,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Michael C. Scranton Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scranton Law Firm Attorney	\$2,500.00	\$3,500.00	2010P: \$5,000.00
6/26/2009	Zachary Seff Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Los Angeles Probate Referee	\$100.00	\$100.00	2010P: \$100.00
Orig Ctrb Date: 9/22/2006	Shapell Homes Milpitas, CA 95035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$3,000.00	2010P: \$5,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 178 of 281

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Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Shapell Homes Milpitas, CA 95035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$3,000.00	2010P: \$5,000.00
Orig Ctrb Date: 8/17/2006	Shartsis Friese LLP San Francisco, CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/17/2006	Shea Homes and Affiliated Entities Walnut, CA 91789	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,800.00	\$4,800.00	2010P: \$6,500.00 2010G: \$3,300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2009		<b>CALIFORNIA FORM 460</b>
through 06/30/2009		
		Page 179 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/17/2006	Shea Homes and Affiliated Entities Walnut, CA 91789	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$4,800.00	2010P: \$6,500.00 2010G: \$3,300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/1/2009	Shea Homes and Affiliated Entities Walnut, CA 91789	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$4,800.00	2010P: \$6,500.00 2010G: \$3,300.00
Orig Ctrb Date: 10/12/2006	Sheet Metal Workers' Local Union 104 San Ramon, CA 94583 Committee ID: 850381	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$600.00
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 180 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/10/2009	Ronald J. Sherman Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$100.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/17/2006	Shorentein Realty Services LP San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 181 of 281
		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Joni Shwarts Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$250.00	\$250.00	2010P: \$250.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Robert Shwarts Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Orrick, Herrington, and Sutcliffe Lawyer	\$250.00	\$250.00	2010P: \$250.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Signature Properties Pleasanton, CA 94588-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,300.00	\$3,300.00	2010P: \$3,300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 182 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/12/2006	Barclay Simpson Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simpson Manufacturing Co., Inc. Manager	\$3,000.00	\$5,000.00	2010P: \$5,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Barclay Simpson Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simpson Manufacturing Co., Inc. Manager	\$2,000.00	\$5,000.00	2010P: \$5,000.00
Orig Ctrb Date: 9/10/2006	Alan Smith Concord, CA 94521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$150.00	2010P: \$260.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 183 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/1/2009	Alan Smith Concord, CA 94521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$150.00	2010P: \$260.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Solem & Associates San Francisco, CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 2/21/2006	Sony Pictures Ent. Inc. Culver City, CA 90232	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 184 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/12/2006	Nellie G. Soto Pomona, CA 91768	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of CA State Senator	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	Southern California Concrete and Rock Products PAC South Pasadena, CA 91031 Committee ID: 791583	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 185 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Southern California Contractors Association PAC Los Angeles, CA 90040 Committee ID: 881014	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
Orig Ctrb Date: 8/21/2006	Southern California Edison Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,300.00	\$3,300.00	2010P: \$3,300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Bilha Sperling Alamo, CA 94507-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$250.00	2010P: \$250.00
Orig Ctrb Date: 9/22/2006	Mark Wyman Spilker Cold Springs, NV 89506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Spilker Land Co. Real Estate Investor	\$250.00	\$250.00	2010P: \$250.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 186 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Sprinkler Fitters & Apprentices Local 483 Statewide PAC Hayward, CA 94545 Committee ID: 1298011	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,500.00	\$3,500.00	2010P: \$3,500.00
6/30/2009	Sprinkler Fitters & Apprentices Local 483 Statewide PAC Hayward, CA 94545 Committee ID: 1298011	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$3,500.00	2010P: \$3,500.00
Orig Ctrb Date: 8/15/2007	State Building & Construction Trades Council of California PAC Sacramento, CA 95814 Committee ID: 743501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,500.00	\$3,500.00	2010P: \$3,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>187</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/17/2006	State Building & Construction Trades Council of California PAC Sacramento, CA 95814 Committee ID: 743501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$3,500.00	2010P: \$3,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	State of CA Auto Dismantlers Association PAC Sacramento, CA 95814- Committee ID: 791360	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 1/24/2007	Bert Steinberg San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$350.00	2010P: \$400.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		<b>CALIFORNIA FORM 460</b> Page <u>188</u> of <u>281</u> I.D. Number 1282317

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	Bert Steinberg San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$350.00	2010P: \$400.00
Orig Ctrb Date: 10/5/2006	Stockstill Communications Irvine, CA 92619	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	Michael Stryer Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Teacher	\$200.00	\$200.00	2010P: \$200.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 189 of 281
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Orig Ctrb Date: 9/10/2006	Tony Suh Lafayette, Ca 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$300.00	2010P: \$300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/29/2009	Tony Suh Lafayette, Ca 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$300.00	2010P: \$300.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Dean Aron Tatsuno Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BFGC Architecture Principal	\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 190 of 281

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NAME OF FILER

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Orig Ctrb Date: 4/16/2007	Teamsters Joint Council #7 - DRIVE Political Fund Washington, DC 20001- Committee ID: 880969	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Teamsters Local Union #315 PAC Martinez, CA 94553- Committee ID: 861299	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$370.00
Orig Ctrb Date: 2/5/2007	The Bicycle Casino Bell Gardens, CA 90201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/22/2006	The Conco Companies Concord, CA 94520	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	The Conco Companies Concord, CA 94520	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2010P: \$3,000.00
Orig Ctrb Date: 5/16/2007	The Doctors' Company PAC Napa, CA 94558- Committee ID: 923140	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 10/17/2006	The Hertz Corporation Oklahoma City, OK 73126	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 12/1/2006	The Vineyards At Marsh Creek Danville, CA 94506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,300.00	\$3,300.00	2010P: \$6,300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	Theatrical Stage Employees Union Local No. 16 (Commerical) San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$100.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	Thomas Enterprises, Inc. Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 10/5/2006	Robert D. Thornton Irvine, CA 92620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nossaman Attorney	\$250.00	\$250.00	2010P: \$250.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/27/2009	Tom Ammiano for Assembly San Francisco, CA 94117 Committee ID: 1244894	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 4/3/2007	Tomra Pacific Corona, CA 92880	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Tony Thurmond for School Board Oakland, CA 94618 Committee ID: 1310055	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$100.00
6/26/2009	Judith L. Travers Oakley, CA 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Delta Personel Services, Inc. Executive	\$250.00	\$250.00	2010P: \$250.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/20/2009	Charles R. Tyler Pleasanton, CA 94588	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dublin Cyllery Business Owner	\$250.00	\$250.00	2010P: \$550.00
Orig Ctrb Date: 10/12/2006	U.F.C.W. Local 1179 Political Action Committee Martinez, CA 94553- Committee ID: 1235998	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/26/2009	UA Local 355 PAC Vallejo, CA 94590- Committee ID: 1252925	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
Orig Ctrb Date: 2/21/2006	Union of American Physicians & Dentists Medical Defense Fund Oakland, CA 94612 Committee ID: 811278	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,500.00	2010P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2009		<b>CALIFORNIA FORM 460</b>
through 06/30/2009		
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Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/13/2006	Union of American Physicians & Dentists Medical Defense Fund Oakland, CA 94612 Committee ID: 811278	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,500.00	2010P: \$2,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/28/2007	Union of American Physicians & Dentists Medical Defense Fund Oakland, CA 94612 Committee ID: 811278	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,500.00	2010P: \$2,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 10/6/2006	Union of American Physicians & Dentists Medical Defense Fund Oakland, CA 94612 Committee ID: 811278	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$2,500.00	2010P: \$2,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 6/1/2007	Union Pacific Railroad Sacramento, CA 95814-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/22/2006	United Faculty of Contra Costa Community College District PAC Fund Pleasant Hill, CA 94523- Committee ID: 810183	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$1,200.00	2010P: \$1,440.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2009</u>		
		Page <u>198</u> of <u>281</u>
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	United Faculty of Contra Costa Community College District PAC Fund Pleasant Hill, CA 94523- Committee ID: 810183	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,200.00	2010P: \$1,440.00
Orig Ctrb Date: 8/17/2006	Universal Paragon Corporation San Francisco, CA 94134	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 12/5/2006	V Development Inc. dba C.B.I Brentwood, CA 94513	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	Kristian J. Valstad Hercules, CA 94547-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Hercules Vice Mayor	\$250.00	\$250.00	2010P: \$250.00
6/1/2009	Tomi Van De Brooke Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contra Costa County Staff	\$250.00	\$250.00	2010P: \$250.00
6/23/2009	Bekki Van Voorhis-Gilbert Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$200.00	\$200.00	2010P: \$200.00
	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

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Orig Ctrb Date: 8/25/2006	Verizon Wireless Irvine, CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Manuel S. Vierra Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brentwood Press Owner	\$1,000.00	\$1,000.00	2010P: \$1,000.00
Orig Ctrb Date: 9/10/2006	Thomas Van Voorhis Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		<b>CALIFORNIA FORM 460</b> Page <u>201</u> of <u>281</u>
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 9/22/2006	Vote Planned Parenthood, A Project of Planned Parenthood Sacramento, CA 95814 Committee ID: 1276479	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2010P: \$150.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/10/2006	VSCE, Inc. Oakland, CA 94607	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$60.00	\$310.00	2010P: \$410.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2009	VSCE, Inc. Oakland, CA 94607	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$310.00	2010P: \$410.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 202 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. Number 1282317

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 4/6/2007	Walgreens Deerfield, IL 60015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 12/5/2006	Sandy Shan Wang Los Angeles, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Student	\$1,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/10/2006	Sandy Shan Wang Los Angeles, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Student	\$1,000.00	\$2,000.00	2010P: \$2,000.00

**SUBTOTAL**

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 203 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 5/14/2007	Wareham Development Corp. San Rafael, CA 94901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/3/2007	Waste Management - Western Group and Waste Management, affiliated entities Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,455.05	\$5,055.05	2010P: \$5,055.05
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 204 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 2/27/2006	Waste Management - Western Group and Waste Management, affiliated entities Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$5,055.05	2010P: \$5,055.05
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/17/2006	Waste Management - Western Group and Waste Management, affiliated entities Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$5,055.05	2010P: \$5,055.05
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/3/2007	Waste Management - Western Group and Waste Management, affiliated entities Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,600.00	\$5,055.05	2010P: \$5,055.05

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 205 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/10/2006	Wayne E. Swisher Cement Contractor, Inc. Antioch, CA 94509-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,500.00	2010P: \$3,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/30/2009	Wayne E. Swisher Cement Contractor, Inc. Antioch, CA 94509-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$3,500.00	2010P: \$3,500.00
Orig Ctrb Date: 8/17/2006	Webcor Construction, Inc. San Mateo, CA 94404	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 206 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
6/1/2009	Claudia L. Weisburd Philadelphia, PA 19123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Foundation, Inc. Sr. Advisor	\$200.00	\$200.00	2010P: \$200.00
6/16/2009	Howard Welinsky Toluca Lake, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Bros. Senior Vice President	\$2,000.00	\$2,000.00	2010P: \$2,000.00
Orig Ctrb Date: 2/5/2007	West Contra Costa Sanitary LF Fairfield, CA 94533	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2009 through 06/30/2009	<b>CALIFORNIA FORM 460</b>
	Page 207 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Orig Ctrb Date: 10/1/2006	Byron F. West Jr. Jacksonville, OR 97530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker Systems, Inc. Sales and Marketing	\$100.00	\$100.00	2010P: \$100.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 3/17/2006	Western States Council of Sheet Metal Workers PAC Sacramento, CA 95814 Committee ID: 851706	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 4/3/2007	Western United Dairymen STPAC Modesto, CA 95354 Committee ID: 771500	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		<b>CALIFORNIA FORM 460</b> Page <u>208</u> of <u>281</u>
I.D. Number 1282317		

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 2/13/2006	Western United Dairymen STPAC Modesto, CA 95354 Committee ID: 771500	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/20/2009	Western United Dairymen STPAC Modesto, CA 95354 Committee ID: 771500	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	2010P: \$3,000.00
6/26/2009	Whitmore-Fisher Associates Richmond, CA 94804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$99.00	\$198.00	2010P: \$198.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 209 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/26/2009	Whitmore-Fisher Associates Richmond, CA 94804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$99.00	\$198.00	2010P: \$198.00
4/20/2009	William Hezmalhalch Architects, Inc. Santa Ana, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2010P: \$250.00
3/27/2009	Clark E. Williams Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Family and Urgent Care Practice MD	\$500.00	\$500.00	2010P: \$1,500.00
6/26/2009	Thomas T. Williams Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Iron House Sanitary District Civil Engineer/General Manager	\$100.00	\$100.00	2010P: \$100.00
6/16/2009	Dwight Wilson Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OneRoof, Inc. Sr. Vice President	\$100.00	\$100.00	2010P: \$100.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 210 of 281

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	***INTERMEDIARY*** Complete Campaigns San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 8/10/2006	Wilson Meany Sullivan, L.P. San Francisco, CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
Orig Ctrb Date: 9/10/2006	Tina G. Wong Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senate of CA Legislative Aide	\$100.00	\$100.00	2010P: \$300.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 211 of 281

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

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6/26/2009	Jon M. Woods Santa Ana, CA 92735	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon M. Woods Probate Referee	\$200.00	\$200.00	2010P: \$200.00
2/9/2009	Andrew B. Wright Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diversified Pacific, Inc. Home Builder	\$500.00	\$1,000.00	2010P: \$6,500.00 2010G: \$500.00
2/9/2009	Andrew B. Wright Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diversified Pacific, Inc. Home Builder	\$500.00	\$1,000.00	2010P: \$6,500.00 2010G: \$500.00
Orig Ctrb Date: 2/28/2007	Wyndham Vacation Ownership, Inc. Parsippany, NJ 07054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2010P: \$1,500.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 212 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/26/2009	Zell & Associates Point Richmond, CA 94801	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$750.00
Orig Ctrb Date: 10/12/2006	Richard S. Ziman Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AVP Advisors Chairman	\$2,000.00	\$2,000.00	2010P: \$2,000.00
Trnsfr Dt: 1/20/2009	***TRANSFER*** Friends of Tom Torlakson 2008 Sacramento, CA 95841 Committee ID: 1282319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL** \$537,454.48

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 01/01/2009  
through 06/30/2009

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>	<b>CALIFORNIA FORM 460</b>
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I.D. Number 1282317	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
<b>SUBTOTAL</b>					Enter on Summary Page, Line 17 only.	

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>215</u> of <u>281</u>
I.D. Number 1282317	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/20/2009	Alliance Graphics Berkeley, CA 94710	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Setup fee	\$120.00	\$120.00	2010P: \$120.00
6/11/2009	Jennifer Peck Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Non-profit Executive Bay Area Partnership for Children and Youth	In-kind - Event host	\$250.00	\$500.00	2010P: \$500.00
6/11/2009	Cindy Gershen Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Sunrise Bistro and Catering	Catering	\$300.00	\$300.00	2010P: \$300.00
4/9/2009	David Long Byron, CA 94514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Education Consultant David Long and Associates	Event hosted	\$875.00	\$875.00	2010P: \$875.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$3,108.00

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.)..... \$3,108.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$0.00
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL** \$3,108.00

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period

from 01/01/2009

through 06/30/2009

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. Number  
1282317

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/18/2009	Neal Kaufman Los Angeles, CA 90049-1518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Cedar-Sinai	Food for event	\$400.00	\$1,400.00	2010P: \$1,400.00
6/30/2009	Nicole Kuklok-Waldman Van Nuys, CA 91406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Nicole Kuklok-Waldman	Food for event	\$123.00	\$123.00	2010P: \$123.00
6/11/2009	Jim Frazier Oakley, CA 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember City of Oakley	Supplies for fundraising event	\$540.00	\$540.00	2010P: \$540.00
6/25/2009	Chris Scranton Concord, CA 94520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Scranton Law Firm	Provided a private plane for travel.	\$500.00	\$500.00	2010P: \$500.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$3,108.00

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	01/01/2009		
through	06/30/2009	Page 217 of 281	
		I.D. NUMBER 1282317	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/11/2009	United for California	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$100.00	\$100.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
6/30/2009	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$175.00	\$2,935.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/15/2009	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$75.00	\$2,935.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$4,160.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$35.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$4,195.00

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2009

through 06/30/2009

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/27/2009	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$985.00	\$2,935.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/17/2009	Los Angeles County Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$125.00	\$125.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/23/2009	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$800.00	\$2,935.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/9/2009	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$900.00	\$2,935.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2009

through 06/30/2009

**CALIFORNIA  
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/15/2009	California Young Democrats	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b> \$4,160.00						

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2009 through 06/30/2009		<b>CALIFORNIA FORM 460</b>  Page 220 of 281
I.D. NUMBER 1282317		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Martha Parsons Antioch, CA 94509	FND		No meal	\$154.80
Complete Campaigns San Diego, CA 92123	OFC			\$22.50
Pacific Print Resources, Inc. Emeryville, CA 94608	LIT			\$2,172.83

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$200,075.82
2. Unitemized payments made this period of under \$100. ....	\$42.23
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$200,118.05

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through 06/30/2009		Page 221 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. NUMBER 1282317

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gloria R. Omania Concord, CA 94521	CNS			\$2,680.00
Gloria R. Omania Concord, CA 94521	MTG			\$356.47
Thomas M Philipps Concord, CA 94521	MTG			\$734.39
River City Business Services Sacramento, CA 95841	PRO			\$723.10
River City Business Services Sacramento, CA 95841	POS			\$13.85

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. NUMBER 1282317

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
River City Business Services Sacramento, CA 95841	OFC			\$147.84
AABCO Printing, Inc. Concord, CA 94520	OFC			\$1,400.04
AABCO Printing, Inc. Concord, CA 94520	FND			\$426.08
Complete Campaigns San Diego, CA 92123	OFC			\$50.90
United for California Roseville, CA 95661	CTB			\$100.00
Committee ID: 1295986				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through 06/30/2009		Page 223 of 281
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*

CVC civic donations  
FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AABCO Printing, Inc. Concord, CA 94520	FND			\$181.36
AABCO Printing, Inc. Concord, CA 94520	OFC			\$139.84
Gloria R. Omania Concord, CA 94521	CNS			\$2,680.00
Craig Cheslog Lafayette, CA 94549	CNS			\$2,000.00
Angela Gianulias Sacramento, CA 95818	FND			\$5,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Martha Parsons Antioch, CA 94509	CNS			\$1,000.00
Sarah Zeiger San Francisco, CA 94123	FND			\$5,000.00
Rebecca Suter - dba The JustUs Group Los Angeles, CA 90025	FND			\$5,000.00
Murphy Putnam Media, LLC Alexandria, VA 22314	TRS		4/17/09 - Flight, Shoot production, 1.	\$281.73
Murphy Putnam Media, LLC Alexandria, VA 22314	TRS		4/15/09 - Flight, Shoot production, 1.	\$163.60

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Murphy Putnam Media, LLC Alexandria, VA 22314	TRS		4/16/09 - Flight, Shoot production, 1.	\$163.60
Murphy Putnam Media, LLC Alexandria, VA 22314	TRS			\$64.60
Murphy Putnam Media, LLC Alexandria, VA 22314	MTG		No single transaction exceeds the reporting threshold	\$107.44
Murphy Putnam Media, LLC Alexandria, VA 22314	TRS			\$20.50
Murphy Putnam Media, LLC Alexandria, VA 22314	TEL			\$22,277.45

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# Schedule E (Continuation Sheet) Payments Made

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Murphy Putnam Media, LLC Alexandria, VA 22314	TRS			\$98.50
Murphy Putnam Media, LLC Alexandria, VA 22314	MTG			\$85.87
Murphy Putnam Media, LLC Alexandria, VA 22314	MTG			\$82.21
Murphy Putnam Media, LLC Alexandria, VA 22314	TRS			\$39.79
Murphy Putnam Media, LLC Alexandria, VA 22314	TRS		4/15/09 to 4/19/09 - Hotel, Shoot production, 1.	\$405.97

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# Schedule E (Continuation Sheet) Payments Made

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

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CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*

CVC civic donations  
FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Murphy Putnam Media, LLC Alexandria, VA 22314	TRS		4/15/09 to 4/19/09 - Rental Car, Shoot production, 3.	\$260.55
Friends of Tom Torlakson 2008 Sacramento, CA 95841			Reimbursement for National car rental	\$100.00
Committee ID: 1282319 Jewish News Weekly of Northern California San Francisco, CA 94104-	PRT			\$556.00
Alliance Graphics Berkeley, CA 94710	CMP			\$1,259.93
Julie Enea - dba Vocal-ease and The Boogie Men Antioch, CA 94531			Music for hospitality suite at the Democratic Convention.	\$950.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mae Cendana Pittsburg, CA 94565	TRS		3/5/09 to 3/8/09 & 150; Flight. Sacramento to Ontario. Attended a meet & greet reception in Riverside with community reps, and attended a lecture by Al Gore, 1.	\$260.20
Mae Cendana Pittsburg, CA 94565	TRS		3/27/09 to 3/29/09 - Flight, Oakland/Ontario/Sacramento, campaign reception, 1.	\$235.20
Mae Cendana Pittsburg, CA 94565	TRC		4/3/09 Flight from Oakland to San Diego. Meeting with Education Secretary, 1, candidate	\$140.60
Mae Cendana Pittsburg, CA 94565	TRS		4/10/09 - Flight, Oakland/Ontario, tour of Penchanga Schools, 1.	\$139.60
Complete Campaigns San Diego, CA 92123	OFC			\$11.25

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sarah Zeiger San Francisco, CA 94123	POS			\$14.09
Sarah Zeiger San Francisco, CA 94123	FND			\$539.36
Cardmember Service Saint Louis, MO 63179			No single transaction exceeded the reporting threshold.	\$137.00
Gloria R. Omania Concord, CA 94521	CNS			\$880.00
Cardmember Service Saint Louis, MO 63179			See schedule G for individual credit card payees	\$13,519.90

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
North Valley Banking Redding, CA 96001	OFC			\$21.18
Complete Campaigns San Diego, CA 92123	OFC			\$2.50
Complete Campaigns San Diego, CA 92123	WEB			\$350.00
River City Business Services Sacramento, CA 95841	PRO			\$1,029.50
River City Business Services Sacramento, CA 95841	POS			\$8.22

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# Schedule E (Continuation Sheet) Payments Made

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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

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CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
River City Business Services Sacramento, CA 95841	OFC			\$12.91
Filipino American Community of the Bay Area San Francisco, CA 94102	MTG		6/17/09 - Alice Bulos's 40 years of community services dinner, 2, Gloria Omania - authority to approve disbursements.	\$100.00
Complete Campaigns San Diego, CA 92123	OFC			\$147.50
North Valley Banking Redding, CA 96001	OFC			\$10.00
Craig Cheslog Lafayette, CA 94549	CNS			\$2,000.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Martha Parsons Antioch, CA 94509	CNS			\$1,000.00
Gloria R. Omania Concord, CA 94521	CNS			\$2,380.00
Angela Gianulias Sacramento, CA 95818	FND			\$5,000.00
Complete Campaigns San Diego, CA 92123	OFC			\$5.00
Rebecca Suter - dba The JustUs Group Los Angeles, CA 90025	FND			\$5,000.00

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# Schedule E (Continuation Sheet) Payments Made

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Martha Parsons Antioch, CA 94509	MTG		Drinks only	\$486.34
Martha Parsons Antioch, CA 94509	OFC			\$48.94
Sarah Zeiger San Francisco, CA 94123	FND			\$5,000.00
Complete Campaigns San Diego, CA 92123	OFC			\$160.00
Complete Campaigns San Diego, CA 92123	OFC			\$28.70

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cardmember Service Saint Louis, MO 63179	OFC			\$38.00
Complete Campaigns San Diego, CA 92123	OFC			\$32.25
Complete Campaigns San Diego, CA 92123	OFC			\$145.00
Complete Campaigns San Diego, CA 92123	OFC			\$213.00
North Valley Banking Redding, CA 96001	OFC			\$128.17

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Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
River City Business Services Sacramento, CA 95841	PRO			\$159.35
Sarah Zeiger San Francisco, CA 94123	FND			\$1,000.00
Cardmember Service Saint Louis, MO 63179	OFC			\$30.00
Cardmember Service Saint Louis, MO 63179	OFC			\$13.78
Sarah Zeiger San Francisco, CA 94123	FND			\$4,000.00

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AABCO Printing, Inc. Concord, CA 94520	OFC			\$1,951.81
Complete Campaigns San Diego, CA 92123	OFC			\$1.25
Craig Cheslog Lafayette, CA 94549	CNS			\$2,000.00
River City Business Services Sacramento, CA 95841	PRO			\$821.34
North Valley Banking Redding, CA 96001	OFC			\$10.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2009		
through 06/30/2009		Page 237 of 281
NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. NUMBER 1282317

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Complete Campaigns San Diego, CA 92123	OFC			\$2.50
Gloria R. Omania Concord, CA 94521	CNS			\$750.00
Gloria R. Omania Concord, CA 94521	CTB			\$35.00
Craig Cheslog Lafayette, CA 94549	CNS			\$2,000.00
Craig Cheslog Lafayette, CA 94549	POS			\$100.30

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

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CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Craig Cheslog Lafayette, CA 94549	WEB			\$141.98
Craig Cheslog Lafayette, CA 94549	TRS	Mileage		\$102.70
Craig Cheslog Lafayette, CA 94549	OFC			\$471.27
Sarah Zeiger San Francisco, CA 94123	FND			\$6,000.00
Cardmember Service Saint Louis, MO 63179			See schedule G for individual credit card payees	\$2,785.42

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# Schedule E (Continuation Sheet) Payments Made

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Black Families Association of Contra Costa County Concord, CA 94521	PRT			\$150.00
Black Families Association of Contra Costa County Concord, CA 94521	MTG		2/28/09 - Annual Scholarship Program dinner, 2, candidate.	\$120.00
River City Business Services Sacramento, CA 95841	PRO			\$789.82
Franchise Tax Board Sacramento, CA 94240			CA Form 100	\$108.00
Internal Revenue Services Ogden, UT 84201			1120POL	\$406.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AABCO Printing, Inc. Concord, CA 94520	OFC			\$342.08
AABCO Printing, Inc. Concord, CA 94520	FND			\$4,003.41
Rebecca Suter - dba The JustUs Group Los Angeles, CA 90025	TRS		1/7/09 - Roundtrip airfare, taxi fare, Los Angeles/Sacramento, political consulting meeting in Sacramento, 1.	\$403.13
JB Services, Inc. Martinez, CA 94553	POS			\$2,579.03
North Valley Banking Redding, CA 96001	OFC			\$10.38

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JB Services, Inc. Martinez, CA 94553	FND			\$2,212.65
Angela Gianulias Sacramento, CA 95818	FND			\$5,000.00
Gloria R. Omania Concord, CA 94521	CNS			\$2,680.00
Craig Cheslog Lafayette, CA 94549	CNS			\$2,000.00
Complete Campaigns San Diego, CA 92123	OFC			\$55.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sarah Zeiger San Francisco, CA 94123	FND			\$5,000.00
Complete Campaigns San Diego, CA 92123	WEB			\$51.93
Rebecca Suter - dba The JustUs Group Los Angeles, CA 90025	FND			\$5,000.00
Complete Campaigns San Diego, CA 92123	OFC			\$25.00
Los Angeles County Democratic Party Los Angeles, CA 90010	CTB			\$125.00
Committee ID: 744554				

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AABCO Printing, Inc. Concord, CA 94520	FND		\$8,400.20
Complete Campaigns San Diego, CA 92123	OFC		\$50.00
California Democratic Party Sacramento, CA 95811	CTB		\$800.00
Committee ID: 741666 Cardmember Service Saint Louis, MO 63179		See schedule G for individual credit card payees	\$1,640.88
Complete Campaigns San Diego, CA 92123	OFC		\$87.50

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson, Hagel & Fishburn LLP Sacramento, CA 95814-	PRO			\$561.00
Martha Parsons Antioch, CA 94509	CNS			\$1,000.00
Gloria R. Omania Concord, CA 94521	CNS			\$2,680.00
Complete Campaigns San Diego, CA 92123	OFC			\$12.50
Gloria R. Omania Concord, CA 94521	MTG	Snacks only		\$221.23

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# Schedule E (Continuation Sheet) Payments Made

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gloria R. Omania Concord, CA 94521	TRS		3/27/09 to 3/28/09 - Car rental, Ontario/Palm Desert/San Bernadino/Huntington Beach, campaign reception, 1, Gloria Omania - authority to approve disbursements.	\$100.00
River City Business Services Sacramento, CA 95841	PRO			\$1,024.79
Complete Campaigns San Diego, CA 92123	OFC			\$27.50
Complete Campaigns San Diego, CA 92123	WEB			\$350.00
Complete Campaigns San Diego, CA 92123	WEB			\$233.42

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010		I.D. NUMBER 1282317

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Complete Campaigns San Diego, CA 92123	OFC			\$10.00
Complete Campaigns San Diego, CA 92123	OFC			\$25.00
Complete Campaigns San Diego, CA 92123	WEB			\$95.55
Complete Campaigns San Diego, CA 92123	OFC			\$48.50
Craig Cheslog Lafayette, CA 94549	TRS		Mileage, parking - various days	\$199.40

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# Schedule E (Continuation Sheet) Payments Made

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Craig Cheslog Lafayette, CA 94549	OFC			\$359.97
California Democratic Party Sacramento, CA 95811	CTB			\$900.00
Committee ID: 741666 Rebecca Suter - dba The JustUs Group Los Angeles, CA 90025	FND			\$5,000.00
North Valley Banking Redding, CA 96001	OFC			\$10.00
Gloria R. Omania Concord, CA 94521	CNS			\$2,680.00

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CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Craig Cheslog Lafayette, CA 94549	CNS			\$2,000.00
Martha Parsons Antioch, CA 94509	CNS			\$1,000.00
Angela Gianulias Sacramento, CA 95818	FND			\$5,000.00
Complete Campaigns San Diego, CA 92123	OFC			\$5.00
Sarah Zeiger San Francisco, CA 94123	FND			\$5,000.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cardmember Service Saint Louis, MO 63179			See schedule G for individual credit card payees	\$9,989.10
California Young Democrats Bangor, CA 95914	CTB			\$1,000.00
Committee ID: 810710				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$200,075.82

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 01/01/2009  
through 06/30/2009

CALIFORNIA  
FORM 460

Page 250 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Cardmember Service Saint Louis, MO 63179	See schedule G for individual credit card payees	\$0.00	\$530.90	\$0.00	\$530.90
Cardmember Service Saint Louis, MO 63179	See schedule G for individual credit card payees	\$0.00	\$2,617.54	\$0.00	\$2,617.54
Gloria R. Omania Concord, CA 94521	CNS	\$0.00	\$2,380.00	\$0.00	\$2,380.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$25,513.72
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$1,189.35
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$24,324.37  
May be a negative number.

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
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to whole dollars.

Statement covers period  
from 01/01/2009  
through 06/30/2009

**CALIFORNIA FORM 460**

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NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
River City Business Services Sacramento, CA 95841	PRO	\$0.00	\$1,552.70	\$0.00	\$1,552.70
River City Business Services Sacramento, CA 95841	POS	\$0.00	\$7.51	\$0.00	\$7.51
River City Business Services Sacramento, CA 95841	OFC	\$0.00	\$23.85	\$0.00	\$23.85
Alliance Graphics Berkeley, CA 94710	CMP	\$0.00	\$11,757.65	\$0.00	\$11,757.65

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2009  
through 06/30/2009

**CALIFORNIA  
FORM 460**

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NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Alliance Graphics Berkeley, CA 94710	POS	\$0.00	\$1,439.35	\$0.00	\$1,439.35
Russ Byrne Seattle, WA 98166	FND	\$0.00	\$682.50	\$0.00	\$682.50
Russ Byrne Seattle, WA 98166	POS	\$0.00	\$56.45	\$0.00	\$56.45
JB Services, Inc. Martinez, CA 94553	FND	\$0.00	\$497.04	\$0.00	\$497.04

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 01/01/2009  
through 06/30/2009

**CALIFORNIA  
FORM 460**

Page 253 of 281

NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
JB Services, Inc. Martinez, CA 94553	POS	\$0.00	\$412.77	\$0.00	\$412.77
Cardmember Service Saint Louis, MO 63179	See schedule G for individual credit card payees	\$0.00	\$1,538.59	\$0.00	\$1,538.59
Craig Cheslog Lafayette, CA 94549	TRS Mileage, parking on various days	\$0.00	\$491.10	\$0.00	\$491.10
Craig Cheslog Lafayette, CA 94549	OFC	\$0.00	\$942.75	\$0.00	\$942.75

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2009  
through 06/30/2009

CALIFORNIA  
FORM **460**

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NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Craig Cheslog Lafayette, CA 94549	POS	\$0.00	\$55.95	\$0.00	\$55.95
Anna Philipps Concord, CA 94521	OFC	\$0.00	\$39.85	\$0.00	\$39.85
Mae Cendana Pittsburg, CA 94565	TRS 4/25/09 to 4/26/09 - Hotel, attend CDP State Convention in Sacramento, 1.	\$0.00	\$220.11	\$0.00	\$220.11
Gloria R. Omania Concord, CA 94521	OFC	\$0.00	\$18.54	\$0.00	\$18.54

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2009  
through 06/30/2009

CALIFORNIA  
FORM **460**

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NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Friends of Tom Torlakson 2008 Sacramento, CA 95841	MTG Credit card reimbursement: 3/15/09 - Meeting to discuss the campaign plan, endorsement strategy, and upcoming events and activities, 4, candidate	\$0.00	\$155.28	\$0.00	\$155.28
Committee ID: 1282319					
Merrill Sign Co. Oakland, CA 94612	CMP	\$0.00	\$93.29	\$0.00	\$93.29
River City Business Services Sacramento, CA 95841	PRO	\$159.35	\$0.00	\$159.35	\$0.00
Sarah Zeiger San Francisco, CA 94123	FND	\$1,000.00	\$0.00	\$1,000.00	\$0.00

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2009  
through 06/30/2009

**CALIFORNIA  
FORM 460**

Page 256 of 281

NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Cardmember Service Saint Louis, MO 63179	OFC	\$30.00	\$0.00	\$30.00	\$0.00
<b>SUBTOTALS</b>		\$1,189.35	\$25,513.72	\$1,189.35	\$25,513.72



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 01/01/2009  
through 06/30/2009

CALIFORNIA  
FORM **460**

Page 257 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Alliance Graphics

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UPS Berkeley, CA 94705	POS			\$1,439.35

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 258 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Cardmember Service

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMZ SuperStore Amazon.com Seattle, WA 98117	OFC			\$246.40
Agua Caliente Resort Rancho Mirage, CA 92270	TRC		6/6/09 - Hotel in Rancho Mirage, To attend as a candidate for State Superintendent of Public Instruction the Women s Issues Forum of the California Democratic Party Native American Caucus, 1, candidate.	\$116.76
Best Western Royal Oak Hotel San Luis Obispo, CA 93405	TRC		5/8/09 to 5/9/09 - Hotel in San Luis Obispo, meeting with San Luis Obispo Democratic Party Leaders, representatives of CSEA, CTA and San Luis Obispo school district administrators, attend the annual picnic of SLODCC, 1, candidate.	\$140.11
California Democratic Party Sacramento, CA 95811	CTB			\$985.00
741666				

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1488.27

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
through	06/30/2009	Page 259 of 281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Democratic Party Sacramento, CA 95811	CTB			\$175.00
741666 Centerplate Catering, Inc. Sacramento, CA 95814	MTG		Beverage, Apple pie for hospitality suite at the Democratic Convention.	\$5,915.08
Clarion Hotel Mansion Inn Sacramento, CA 95814	TRS		5/31/09 to 6/2/09 - Hotel in Sacramento, Meeting to discuss campaign plans and scheduling, 1.	\$179.96
Coffee Depot Riverside, CA 92507	MTG		3/5/09 Meet and Greet Reception with Democratic leaders, teachers and community reps., 18, candidate.	\$193.40

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$553.36

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2009	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Cardmember Service

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Courtyard Los Angeles Burbank Airport Burbank, CA 91504	TRC		3/19/09 to 3/20/09 - Hotel in Los Angeles, attend annual Democratic Club dinner, 1, candidate.	\$135.10
Courtyard Los Angeles Burbank Airport Burbank, CA 91504			Wrong credit card used, reimbursed on July 28th, 2009	\$160.92
Courtyard by Marriott Riverside Riverside, CA 92507	TRC		4/8/09 to 4/9/09 Hotel in Riverside. Participated in a series of meetings with educators, administrators, PTA representatives and community leaders, 1, candidate.	\$186.48
Crowne Plaza Concord, CA 94520	FND		4/3/09 - Campaign kick-off event, 226, candidate, Gloria Omania - authority to approve disbursements.	\$1,000.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$483.50

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Cardmember Service

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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Crowne Plaza Concord, CA 94520	FND		4/3/09 - Campaign kick-off event, 226, candidate, Gloria Omania - authority to approve disbursements.	\$7,923.54
Delius Restaurant Signal Hill, CA 90755	MTG		1/9/09 Dinner meeting to discuss campaign strategy, 2, candidate	\$104.77
Embassy Suite Hotel Restaurant Irvine, CA 92614	MTG		6/1/09 - Dinner meeting to discuss campaign fundraising and staffing, 6, candidate and Gloria Omania - authority to approve disbursements.	\$161.29
Embassy Suites Hotel Irvine, CA 92614	TRC		6/18/09 to 6/19/09- Hotel in Los Angeles, to attend fundraising event in West LA, meeting with supporters & endorsers, 1, candidate.	\$130.98

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$404.04

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Esquire Grill Sacramento, CA 95814-	MTG		6/29/09 Two separate meetings: (1) to discuss campaign plans and scheduling, 3, candidate; and (2) to discuss candidacy and endorsement, 2, candidate.	\$105.36
Four Points Sheraton LAX Los Angeles, CA 90045	TRC		5/15/09 5/17/09 Hotel in Los Angeles. Met with fundraising consultant; spoke at CA Fed of Teachers State Council meeting, and was guest speaker at the Ca Retired Teachers Assn Convention, 1, candidate	\$335.33
Hilton Hotel San Diego San Diego, CA 92109			Was reimbursed, see schedule I.	\$288.22
Millennium Biltmore Hotel Los Angeles Los Angeles, CA 90071	TRC		1/30/09-1/31/09: Hotel, Los Angeles, LA Chamber event, 1, candidate.	\$135.72

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$864.63

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Millennium Biltmore Hotel Los Angeles Los Angeles, CA 90071	TRC	4/30/09 5/1/09	Hotel in Los Angeles. Participated in a series of meetings with key supporters and potential contributors, 1, candidate	\$165.46
Millennium Biltmore Hotel Los Angeles Los Angeles, CA 90071	TRC	4/6/09 to 4/7/09	Hotel in Los Angeles. Participated in a series of meetings including a small town hall meeting with the USC Democrats, 1, candidate	\$366.44
Millennium Biltmore Hotel Los Angeles Los Angeles, CA 90071			Wrong credit card used, reimbursed on July 28, 2009	\$125.46
National Car Rental San Diego, CA 92101	TRC	1/10/09 -	car rental, Los Angeles, Meeting to discuss election strategy in Los Angeles, 1, candidate.	\$126.65

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$784.01

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
National Car Rental San Diego, CA 92101	TRC		3/19/09 to 3/20/09 - Car rental in Los Angeles, attend annual Democratic Club dinner, 1, candidate.	\$200.02
National Car Rental San Diego, CA 92101			Wrong credit card used, reimbursed on July 28, 2009	\$257.65
National Car Rental San Diego, CA 92101	TRC		4/3/09- 4/12/09 - car rental, Los Angeles-Riverside-San Diego, to attend a series of meetings during Spring recess, 2, candidate.	\$1,229.03
National Car Rental San Diego, CA 92101	TRC		5/15/09 to 5/17/09 Car Rental in Los Angeles. Met with fundraising consultant, spoke at the Ca Federation of Teachers State Council as part of their endorsement process, and was guest speaker at the Ca Retired Teachers Assn Convention, 1, candidate	\$241.99

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**TOTAL\*** \$700.66

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
National Car Rental San Diego, CA 92101			Wrong credit card used, reimbursed on July 28, 2009	\$115.62
National Car Rental San Diego, CA 92101	TRC		6/18/09 to 6/19/09- Car rental in Los Angeles, to attend fundraising event in West LA, meeting with supporter & endorser, 1, candidate.	\$136.73
Pechanga Resort & Casino Temecula, CA 92592	TRC		4/11/09 Hotel in Temecula. Met with Pechanga tribal council and toured Pechanga schools, 2, candidate	\$107.42
Pyramid Alehouse Sacramento, CA 95814	FND		Appetizers only	\$498.88

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**TOTAL\*** \$858.65

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Renaissance Los Angeles Airport Hotel Los Angeles, CA 90045	MTG		5/16/09 - Meeting to discuss Endorsement and Strategy for campaign, 2, candidate.	\$132.34
Residence Inn - Manhattan Beach Manhattan Beach, CA 90266-	TRC		1/9/09 to 1/10/09 - Hotel, Long Beach, Meeting to discuss election strategy in Los Angeles, 1, candidate.	\$119.97
Safeway Sacramento, CA 95814	MTG		Refreshments & supplies for hospitality suite at the CDP State Convention in Sacramento	\$531.98
Sheraton Grand Hotel Sacramento, CA 95814	TRS		4/24/09 to 4/26/09 - Hotel, CDP State Convention in Sacramento, 1, Gloria Omania - authority to approve disbursements.	\$338.32

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**TOTAL\*** \$1122.61

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sheraton Grand Sacramento Sacramento, CA 95814-	TRS		4/24/09 to 4/26/09 - Hospitality suite, CDP State Convention in Sacramento, 1.	\$659.79
Southwest Airlines Dallas, TX 75205	TRC		1/29/09-1/31/09: Flight from Sacramento to Los Angeles, LA Chamber event, 1, candidate.	\$289.20
Southwest Airlines Dallas, TX 75205	TRC		1/9/09 to 1/10/09- Flight from Sacramento to Los Angeles, Meeting to discuss election strategy in Los Angeles, 1, candidate.	\$299.20
Southwest Airlines Dallas, TX 75205	TRC		3/19/09 to 3/20/09 - Flight from Sacramento to Burbank, attend annual Democratic Club dinner, 1, candidate.	\$256.20

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**TOTAL\*** \$1504.39

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75205	TRC		4/30/09 to 5/1/09 Flight from Sacramento to Los Angeles. Participated in meetings to discuss education policy and campaign strategy, 1, candidate	\$375.80
Southwest Airlines Dallas, TX 75205	TRS		5/2/09 - Flight, Oakland/San Diego, to attend the San Diego County Democratic Party Annual Roosevelt dinner, 1,	\$392.80
Southwest Airlines Dallas, TX 75205	TRC		5/2/09 - Flight, Oakland/San Diego, to attend the San Diego County Democratic Party Annual Roosevelt dinner, 1, candidate	\$392.80
Southwest Airlines Dallas, TX 75205	TRC		5/21/09 to 5/22/09- Flight, Sacramento/Los Angeles/Oakland, to attend the 20th Anniversary of the US Merchant Marine Veterans Memorial Ceremony, meeting to discuss campaign strategy, 1, candidate.	\$187.20

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**TOTAL\*** \$1348.60

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75205	TRC		5/14/09 - Flight from Oakland to Los Angeles. Met with fundraising consultant; spoke at CA Fed of Teachers State Council meeting, was guest speaker at the Ca Retired Teachers Assn Convention, 1, candidate	\$275.80
Southwest Airlines Dallas, TX 75205	TRS		5/31/09 to 6/2/09; Flight from Oakland to Los Angeles. Meeting to discuss campaign plans and scheduling, 1.	\$283.20
Southwest Airlines Dallas, TX 75205	TRS		5/16/09; Flight from Sacramento to Los Angeles, Briefing for speech at the Ca Federation of Teachers State Council, 1	\$303.20
Southwest Airlines Dallas, TX 75205	TRC		6/25/09 to 6/26/09 - Flight, Sacramento/Los Angeles, Fundraising event, 1, candidate.	\$303.20

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**TOTAL\*** \$1165.40

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Southwest Airlines Dallas, TX 75205	TRC		6/18/09 to 6/19/09- Flight, Sacramento/Los Angeles, to attend fundraising event in West LA, meeting with supporters & endorsers, 1, candidate.	\$151.60
Southwest Airlines Dallas, TX 75205	TRC		7/20/09 to 7/21/09: Flight from Sacramento to Los Angeles. Meeting with labor leader to discuss education and labor issues, 1, candidate	\$229.20
Staples Antioch, CA 94531	OFC			\$448.91
Staples Antioch, CA 94531	OFC			\$281.77

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**TOTAL\*** \$1111.48

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Cardmember Service

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Airways Phoenix, AZ 85034	TRC		6/5/09 - Flight to Sacramento/Phoenix/Palm Springs, to speak at the Women's Forum hosted by the Native American Caucus of the CDP, 1, candidate.	\$351.80
US Post Office Antioch, CA 94509	POS			\$476.70
US Post Office Antioch, CA 94509	POS			\$231.40
Zocalo Sacramento, CA 95814	MTG		6/29/09 - Meeting with Assembly colleagues to discuss legislation and leadership, 4, candidate.	\$126.58

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1186.48

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Mae Cendana

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75205	TRS		3/5/09 to 3/8/09 & 150; Flight from Sacramento to Ontario. Attended a meet & greet reception in Riverside with community reps, and attended a lecture by Al Gore, 1.	\$260.20
Southwest Airlines Dallas, TX 75205	TRS		3/27/09 to 3/29/09 - Flight, Oakland/Ontario/Sacramento, campaign reception, 1.	\$235.20
Southwest Airlines Dallas, TX 75205	TRC		4/3/09 Flight from Oakland to San Diego. Meeting with Education Secretary, 1, candidate	\$140.60
Southwest Airlines Dallas, TX 75205	TRS		4/10/09 - Flight from Oakland to Ontario, Tour of Pechanga schools, 1.	\$139.60

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$775.60

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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Tom Torlakson for State Superintendent of Public Instruction 2010

I.D. NUMBER  
1282317

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Friends of Tom Torlakson 2008

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HS Lordship's Restaurant Berkeley, CA 94710	MTG		3/15/09 - Meeting to discuss the campaign plan, endorsement strategy, and upcoming events and activities, 4, candidate	\$155.28

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$155.28

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF AGENT OR INDEPENDENT CONTRACTOR  
JB Services, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Post Office Antioch, CA 94509	POS			\$2,579.03

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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I.D. NUMBER  
1282317

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Murphy Putnam Media, LLC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cine Vision Inc, New York, NY 10011	TEL			\$1,308.90
Henninger Media Services Arlington, VA 22201	TEL			\$9,949.05
Invisible Players, Inc. Arlington, VA 22201	TEL			\$1,500.00
Istock Calgary - Canada	TEL			\$535.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$546.00

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**FPPC Form 460 (June/01)**  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded  
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SCHEDULE G

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1282317

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Murphy Putnam Media, LLC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Talent Paymaster, Inc. Bethesda, MD 20814	TEL			\$8,576.68

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$8.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

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1282317

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Thomas M Philipps

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Safeway Sacramento, CA 95814	MTG		Refreshments & supplies for hospitality suite at the CDP State Convention in Sacramento	\$630.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$630.50

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

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1282317

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		<b>SUBTOTALS</b>						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required

(May be a negative number)

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
4/30/2009	North Valley Banking Redding, CA 96001	Interest Earned	\$23.39
4/30/2009	North Valley Banking Redding, CA 96001	Interest Earned	\$474.60
4/17/2009	Tom Torlakson Antioch, CA 94531-4247	Reimbursement for credit card used in error	\$288.22
4/17/2009	Tom Torlakson Antioch, CA 94531-4247	Reimbursement for credit card used in error	\$100.00
5/31/2009	North Valley Banking Redding, CA 96001	Interest Earned	\$22.64

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

### Schedule I Summary

- Increases to cash of \$100 or more this period.....
- Unitemized increases to cash under \$100 this period. ....
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

**TOTAL** .....

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 01/01/2009  
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Tom Torlakson for State Superintendent of Public Instruction 2010

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
5/31/2009	North Valley Banking Redding, CA 96001	Interest Earned	\$439.78
6/30/2009	North Valley Banking Redding, CA 96001	Interest Earned	\$437.67
6/30/2009	North Valley Banking Redding, CA 96001	Interest Earned	\$25.03
6/30/2009	Tom Torlakson Antioch, CA 94531-4247	Reimbursement for credit card used in error	\$95.21
1/30/2009	North Valley Banking Redding, CA 96001	Interest Earned	\$66.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

### Schedule I Summary

- Increases to cash of \$100 or more this period.....
- Unitemized increases to cash under \$100 this period.....
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

**TOTAL**



# Schedule I

## Miscellaneous Increases to Cash

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to whole dollars.

Statement covers period  
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SCHEDULE I

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1282317

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/22/2009	North Valley Banking Redding, CA 96001	Reimbursement - fedex fee	\$30.00
2/28/2009	North Valley Banking Redding, CA 96001	Interest Earned	\$524.49
3/31/2009	North Valley Banking Redding, CA 96001	Interest Earned	\$15.57
3/31/2009	North Valley Banking Redding, CA 96001	Interest Earned	\$556.33

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$3,099.22

### Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$3,099.22

2. Unitemized increases to cash under \$100 this period..... \$0.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$3,099.22

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC